



## Child Information Sheet

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Grade in School: \_\_\_\_\_

Name(s) of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Caregiver's cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_