



Name:	Birthday: _		_ Age:
Name:	Birthday: _		_ Age:
Name:	Birthday: _		_ Age:
Address:			
Phone (cell):			
Parent/Guardian Information:			
Name	Phone	E-mail	
Name	Phone	E-mail	
Emergency Contacts: (Please identify	y who to contact if the parent	ts/guardians named abo	ve are not available.)
Name	Phone	E-mail	
Name	Phone	E-mail	
Dietary restrictions:	Allerg	gies:	
	<del></del>		

Please share anything else we should know about the child(ren) listed above: