

### Child's Information

Child's Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Male  Female  Birth Date \_\_\_\_\_

Age Today \_\_\_\_\_

Grade Today \_\_\_\_\_

Check all that apply to your child, or check "None" for those that don't apply.

Allergies \_\_\_\_\_

None

Medication (type and schedule) \_\_\_\_\_

None

Emotional, behavioral, intellectually or physically challenged (explain) \_\_\_\_\_

None

Special Circumstances/Requests \_\_\_\_\_

None

### Additional Children Information

Child's Name #2 \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Male  Female  Birth Date \_\_\_\_\_

Age Today \_\_\_\_\_

Grade Today \_\_\_\_\_

Check all that apply to your child, or check "None" for those that don't apply.

Allergies \_\_\_\_\_

None

Medication (type and schedule) \_\_\_\_\_

None

Emotional, behavioral, intellectually or physically challenged (explain) \_\_\_\_\_

None

Special Circumstances/Requests \_\_\_\_\_

None

Child's Name #3 \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

Male  Female  Birth Date \_\_\_\_\_

Age Today \_\_\_\_\_

Grade Today \_\_\_\_\_

Check all that apply to your child, or check "None" for those that don't apply.

Allergies \_\_\_\_\_

None

Medication (type and schedule) \_\_\_\_\_

None

Emotional, behavioral, intellectually or physically challenged (explain) \_\_\_\_\_

None

Special Circumstances/Requests \_\_\_\_\_

None