

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

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Grade Completed \_\_\_\_\_

Medical or other information we may need to know about the child (including food allergies)

### Child Release Information

Parent/Legal Guardian

Mother \_\_\_\_\_

Phone H \_\_\_\_\_ cell \_\_\_\_\_

Text Yes or No

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Father \_\_\_\_\_

Phone H \_\_\_\_\_ cell \_\_\_\_\_ text Y or N

Address \_\_\_\_\_

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