

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

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Doctor's name and #: \_\_\_\_\_

E-mail: \_\_\_\_\_