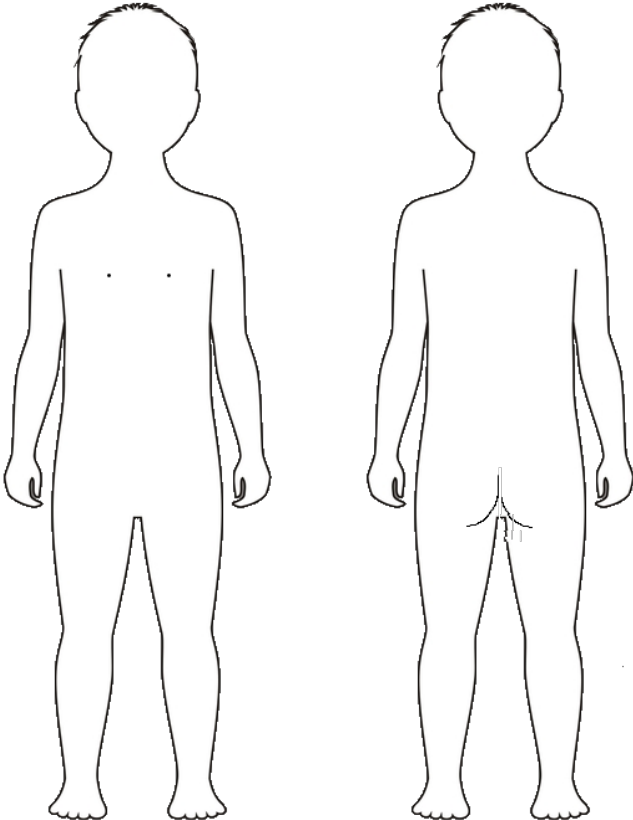


Child Identification Information

Date: _____

Child's Last Name:		Child's First Name:		Suffix: Sr. / Jr.	
Nickname/Answers to:		Date of Birth:		Gender: M / F	
Emergency Contact's Name:			Relationship to Child:		
Contact's Address:			Contact's Phone Number:		
Race/Ethnicity:		Height:		Weight:	
Eye Color:		Hair Color:		SS#:	
Special Needs/Sensitivities:			Body Map: 		
Fingerprints Right Hand:					
Fingerprints Left Hand:					