

Today's date: \_\_\_\_\_  
MM/DD/YYYY



Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Emergency cell #: \_\_\_\_\_  
Last Name First Name MM/DD/YYYY (At which we can reach you during programs)

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Emergency cell #: \_\_\_\_\_  
Last Name First Name MM/DD/YYYY (At which we can reach you during programs)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City, State & Zip Code

Your relation to the child(ren): \_\_\_\_\_ Who is **UNAUTHORIZED** to pick up your child(ren)? \_\_\_\_\_

### Child Information

<p>① Gender: M <input type="checkbox"/> F <input type="checkbox"/> Grade: _____</p> <p>Name: _____</p> <p>DOB: _____</p> <p><input type="checkbox"/> Medical Condition Requiring Emergency Intervention/Special Needs/Emotional Concerns*</p> <p>Describe: _____</p>	<p>② Gender: M <input type="checkbox"/> F <input type="checkbox"/> Grade: _____</p> <p>Name: _____</p> <p>DOB: _____</p> <p><input type="checkbox"/> Medical Condition Requiring Emergency Intervention/Special Needs/Emotional Concerns*</p> <p>Describe: _____</p>	<p>③ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Grade: _____</p> <p>Name: _____</p> <p>DOB: _____</p> <p><input type="checkbox"/> Medical Condition Requiring Emergency Intervention/Special Needs/Emotional Concerns*</p> <p>Describe: _____</p>
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\* If you checked the box above, you will be required to have a cell phone on which we can reach you during the Children's Program.

\*\* **Note:** Photography and/or video recordings, which could include your child(ren), may occur during the Children's Program.

## Child Information

④ Gender: M  F  Grade: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical Condition Requiring Emergency  
Intervention/Special Needs/Emotional  
Concerns\*

Describe: \_\_\_\_\_  
\_\_\_\_\_

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical Condition Requiring Emergency  
Intervention/Special Needs/Emotional  
Concerns\*

Describe: \_\_\_\_\_  
\_\_\_\_\_

⑥ Gender: M  F  Grade: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical Condition Requiring Emergency  
Intervention/Special Needs/Emotional  
Concerns\*

Describe: \_\_\_\_\_  
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