



Child Care Contact Information

Participant

Last Name _____ First Name _____

Birthdate _____ Age _____ Gender Female Male

Known Allergies/Health Concerns _____

Parent/Guardian Name _____

Address _____

Cell _____ Home _____ Work _____

Email _____ (communication for information, newsletters, handouts, etc)

Parent/Guardian Name _____

Address _____

Cell _____ Home _____ Work _____

Email _____ (communication for information, newsletters, handouts, etc)

Authorized Pick Up/Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Form completed by _____ Date _____