



CHILDREN'S INFORMATION SHEET

Date Completed _____

Child's Name _____ Child's Date of Birth ____ / ____ / ____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Parent's place of employment:

Mother _____ Work Phone _____

Father _____ Work Phone _____

General information:

Favorite family pastime: _____

Pets and pet names: _____

Child's hobbies: _____

Child's sports involvement: _____

Allergies or other medical information we need to know (please include any food allergies):

In the event of an emergency, whom do we call?

Name _____ Phone _____

Name _____ Phone _____