



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

The following are also authorized to pick up:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_