



Family Information Card

Today's Date _____ 5:45 9:00 10:30

Do you wish to enroll your child? Are you a guest?

Child #1 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Child # 2 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Parent(s)/Guardian(s) _____ Married or Single
Street Address _____
City, State, Zip _____ Home phone _____
Cell phone (mom) _____ Cell phone (dad) _____
Email (mom) _____ Email (dad) _____
Emergency contact _____



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Street Address _____
City, State, Zip _____ Home phone _____
Cell phone (mom) _____ Cell phone (dad) _____
Email (mom) _____ Email (dad) _____
Emergency contact _____

Additional Children

Child #3 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Child #4 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Child #5 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Additional Children

Child #3 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

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Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____

Child #5 Full Name _____ Goes by _____
Date of Birth _____ Age _____ Grade _____ M or F
School _____
Allergies or Health Concerns _____
