



KID ZONE

Child's preferred name: _____

I'd describe my son/ daughter as: _____

One important thing for you to know about my child is: _____

List some activities your child is most interested in: _____

Any allergies your child has? _____

Any additional information you'd like to share? _____

Parent Info:

Name: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

