

CHILD'S INFORMATION			
Child's Name:			
Date of Birth:	Age:	Grade in School:	
Mailing Address:			
City:		State:	Zip:
PARENTS' INFORMATIO	N		
Parents'/Guardians' Names: _			
Mom's Phone:		Dad's Phone:	
Parents'/Guardians' email:			
EMERGENCY INFORMAT			
In case of emergency, should that alternate or additional em	<u>=</u>		bove:Yes No
Name:			
Name:		Phone:_	
DISMISSAL INFORMATION: W	/ho may pick up your	child at the end o	f Club 252 each week?
May we have permission to pl	hotograph your child	? Yes	No
May we have permission to us newsletters, newspaper articl		-	
Does your child have any ALLEYes		cation, food, envir	onmental, latex, etc.)?
If yes, please list allergies on t reaction, and steps to take if r	. •	•	lications, type of