

Information Card

Household Information

Date

Parent(s)/Guardian Name

Email Address

Home Phone Number

Cell Phone Number

Address

City

State

Zip Code

Please include your child/children's information on the back of this card.

Child's Information

Child's Name/Goes By	Date of Birth	Gender M F
Address/Phone/Email (if different from <i>Household</i>)		
Allergies/Medical Needs		

Child's Name/Goes By	Date of Birth	Gender M F
Address/Phone/Email (if different from <i>Household</i>)		
Allergies/Medical Needs		

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