

Child's Information	Today's Date:
(one per child, please)	
Child's Full Name:	
Preferred Name:	
Address:	
City:	
Postal Code:	
Age:	
Date of Birth:	
Health Card Number:	
Doctor's Name:	
Doctor's Phone:	
Known allergies, medical conditions, medical history:	
Special Feeding Instructions:	
Primary Emergency Contact Number:	
Father's Information	
Father's Name:	
Father's Workplace and Phone:	
Father's Home or Cell Phone:	
Mother's Information	
Mother's Name:	
Mother's Workplace and Phone:	
Mother's Home or Cell Phone:	
Preferred email contact:	
Other Emergency Contact	
Emergency Contact:	
Emergency Contact:	