

Child Information

Member #: _____

Child's Name: _____

Nickname: _____ Birthday: _____

Date of Admission: _____ Home Phone #: _____

Home Address: _____

Parent # 1:

Name: _____

Work/Cell Phone #: _____

Email address: _____

Parent # 2:

Name: _____

Work/Cell Phone #: _____

Brothers and Sisters:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Doctor's Name: _____ Phone #: _____

Address: _____

Allergies?: _____

Emergency Contacts (Besides Parents)

Name: _____ Home #: _____

Relationship: _____ Work #: _____

Name: _____ Home #: _____

Relationship: _____ Work #: _____