

Child's Name: _____ Class: _____
Address: _____ Birth Date: _____
City: _____ Zip: _____ Home _____
Mother's Name: _____ Work _____ Cell _____
Father's Name: _____ Work _____ Cell _____
Email Address: (Mom) _____ (Dad) _____
Doctor: _____ Phone: _____



IN EMERGENCY CONTACT:

	NAME:	PHONE:	RELATIONSHIP TO CHILD:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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