CHILD'S NAME	
START DATE	
PARENT'S NAMES	
BIRTHDATE	
MAILING ADDRESS	
CITY/ZIP	
EMERGENCY #1 NAME	
NUMBER	
EMERGENCY #2 NAME	
NUMBER	
EMERGENCY #3 NAME	
NUMBER	
EMERGENCY #4 NAME	
NUMBER	
EMERGENCY #5 NAME	
NUMBER	
ALLERGIES	
PHOTOGRAPHS	
MEDIA COVERAGE	
FACEBOOK	
Authorized to pick up	