

Important Information

Date: _____

Parent/Guardian _____

Safe Phone Number _____

Address (If Applicable) _____

Emergency Contact Name _____

Phone Number _____

Child's Name _____ | Nickname _____

Does your child have any...

Medical Conditions?	
Allergies?	
Speech, Hearing, or Visual Impairments?	
Restrictions to Play?	

What is your Child's Temperament? (i.e. easy going, demanding, aggressive)

Can your child be relied upon to indicate bathroom wishes?

Comments, Concerns, Other Information: