



## **CHILD CHECK IN SIGN UP**

Please fill form completely; all information is needed for child check in. Thank you!

### **Parent / Guardian Information**

**Family Last Name:** \_\_\_\_\_

**Parent 1 First Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent 2 First Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Address** \_\_\_\_\_

### **Child Information**

**Child 1: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Birth Date (MM/DD/YY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies / Emergency Allergy Treatment (if needed)**

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**Child 2: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Birth Date (MM/DD/YY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies / Emergency Allergy Treatment (if needed)**

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**Child 3: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Birth Date (MM/DD/YY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies / Emergency Allergy Treatment (if needed)**

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**Child 4: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Birth Date (MM/DD/YY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies / Emergency Allergy Treatment (if needed)**

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