

<b>Child's information</b>	
<b>Full Legal Name:</b>	
<b>Date of birth</b> (dd/mm/yyyy):	
Photo of child (recommended)	Special medical or additional information that could be helpful in an emergency (allergies, medical conditions, Etc)
<b>Parent</b>	<b>Parent</b>
Full Legal Name:	Full Legal Name:
Preferred Phone Number:	Preferred Phone Number:
Alternate Number:	Alternate Number:
<b>Emergency Contact</b>	<b>Emergency Contact</b>
Full Legal Name:	Full Legal Name:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:

*\*if a child has an individualized medical needs plan this plan and affiliated documents needs to be kept on the premises and a copy needs to be added to "outing bag" and brought outside or on outings so there is always access in the event of an emergency\**