



## CHILD'S INFORMATION

Child's First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian's First and Last Name: \_\_\_\_\_

**Does your child have any allergies? Y N**

If yes, what kind? \_\_\_\_\_

Is there any information concerning your child's health or physical condition that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special or any instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian must tell Child Watch staff about their child's allergies or any special instructions each time they bring their child to the Child Watch.

**I HAVE READ AND UNDERSTOOD THE CHILD CARE/WATCH RELEASE, CONSENT AND GENERAL POLICY**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_