

# Information Card

## *Household Information*

Date

Parent(s)/Guardian Name

Email Address

Home Phone Number

Cell Phone Number

Address

City

State

Zip Code

*Please include your child/children's information on the back of this card.*

## Child's Information

Child's Name/Goes By	Date of Birth	Gender M F
Address/Phone/Email (if different from <i>Household</i> )		
Allergies/Medical Needs		

Child's Name/Goes By	Date of Birth	Gender M F
Address/Phone/Email (if different from <i>Household</i> )		
Allergies/Medical Needs		

Child's Name/Goes By	Date of Birth	Gender M F
Address/Phone/Email (if different from <i>Household</i> )		
Allergies/Medical Needs		