



PARTICIPANT PROFILE & EMERGENCY CONTACT INFORMATION

Name of Child: _____

Home Phone: _____

Home Address: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

2nd Emergency Contact Name: _____

Cell Phone: _____ Work Phone: _____

Does your child have any conditions we should be aware of including medical, psychological or behavioral conditions, medications, dietary restrictions, allergies, or special needs? Explain:

Persons Authorized to pick your child up from the program (must be over the age of 18):

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____