

Data Sheet

Child's Name _____ Date of Birth _____

Mother's Name _____

Phone: Home _____ Work _____

Father's Name _____

Phone: Home _____ Work _____

Guardian's Name _____

Phone: Home _____ Work _____

Person to be called in case of emergency:

Name _____ Relationship to child _____

Phone: Home _____ Work _____

Name _____ Relationship to child _____

Phone: Home _____ Work _____

Known Allergies: _____

Other Significant Information: _____

I (DO) (DO NOT) object to having my child's photograph taken for newspaper articles, KK scrapbooks or publicity.

I (DO) (DO NOT) object to having my child's name used for newspaper articles, KK scrapbooks or publicity.

Signed: _____

Who MAY pick up your child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Who MAY NOT pick up your child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Parent/Guardian's Signature _____

Date _____