

PARENTS SIGNATURE: _____

Does your child have any allergies to drugs, etc. YES _____ NO _____ If yes, please list

_____.

Names any medical condition needing frequent or constant treatment

In case of an emergency if the parent cannot be reached, please provide the name and phone number(s) of another responsible person that may be contacted.

Official use only:

Payment received by: _____ # of Children: _____ Receipt # _____

Date: _____ Amount: _____ Check#:

— Cash: —