

## General Information

Children's Names \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_

Parents Contact Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Time Parents will Return \_\_\_\_:\_\_\_\_

Emergency Contact other than Parents: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Children's Information		
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Age:</b>	<b>Age:</b>	<b>Age:</b>
<b>Weight:</b>	<b>Weight:</b>	<b>Weight:</b>
<b>Allergies:</b>	<b>Allergies:</b>	<b>Allergies:</b>
<b>Medications:</b>	<b>Medications:</b>	<b>Medications:</b>
<b>Schedule:</b>	<b>Schedule:</b>	<b>Schedule:</b>
<b>Rules:</b>	<b>Rules:</b>	<b>Rules:</b>
TV <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	TV <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	TV <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:
Internet <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Internet <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Internet <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:
Video Games <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Video Games <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Video Games <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:
Outside Play <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Outside Play <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Outside Play <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:
Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No Rule:	Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No Rule: