



Children and Family Sign In--2012

Last Name_____ Parent/Legal Guardian Names_____

Child's Name_____ Birthdate_____

Allergy/Medical Needs_____

Child's Name_____ Birthdate_____

Allergy/Medical Needs_____

Child's Name_____ Birthdate_____

Allergy/Medical Needs_____

Child's Name_____ Birthdate_____

Allergy/Medical Needs_____

Address_____ City_____ Zip_____

Email_____ Phone_____

Additional info we should know about you/your children/your family _____

List all people you authorize to pick up your kids_____

Do not write below this line--Staff and Volunteer Section

Person receiving form_____ Date_____