

Name of Child:			Where are you from?:
Name of Parent(s):			
Birthday:			Age: Sex: □ male □ female
mm /dd / yy			Sex: male female
Cell phone:			
mergency Contact:			Phone:
(Other than parent/ guardiar	ר)		
Disabilities :	🗆 No	□ Yes_	
Allergies:	🗆 No	□ Yes_	
Dietary Restrictions:			
Immunizations: (are they current?)			
Medication:	🗆 No	🗆 Yes	
*I understand that children ma **I hereby authorize Whistler H ***I understand that it is my du part in the program due to sich	Kids to take	e my child up my child	o the Medical clinic if such a case arises. if the Daycare calls me explaining that my child is not taking
Date	Authori		
		zed signatu	e Please print name
	Aution	zed signati	e Please print name
Date	Witness		e Please print name Please print name Please print name
	Witness	3	
	Witness	your child	Please print name to ensure they have good day. Yes
We want to know a few thir Daycare Experience? Nap?	Witness	your child	Please print name to ensure they have good day. Yes
We want to know a few thir	Witness	your child	Please print name to ensure they have good day.

Last Name

First Name