

Children's Fun Night

Child's Name _____ Age _____ DOB _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Mailing Address _____

Email Address _____

Emergency Contact if parent cannot be reached

_____ Cell # _____

Relationship to child _____

Is there a person that the child is never to be released to?

Does your child have any known allergies? _____

If yes please list
