

Information Form

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Mobile Number: _____

Email Address: _____

Emergency contact number: _____

(Please fill out a separate form for each child if there is more than one participant)

Please list clearly any food allergies and intolerances, if any, that your child may have:

Please list clearly any additional health concerns your child may have:

Any other concerns:

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____