



Child's Name _____

Age _____ Date of Birth _____

Parent Name _____ Parent email _____

Parent Phone _____

Emergency Contact #1

Name _____ Relationship to child _____

Phone _____

Emergency Contact #2

Name _____ Relationship to child _____

Phone _____

If your child has food allergies please list _____

Please list any other allergies, medicines included _____

Does your child have violent outbursts? If yes, please specify & if any known triggers:

Do we have your permission to take picture of your child for social and other media?

Yes _____ No _____

Special needs Diagnosis _____

Is there anything else you'd like us to know about your
child? _____

Parent Signature _____

Date _____

Parent printed name _____

Fantastic Friends of Western New York
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