Date:_____

Child Information

Childs First Name: _____, Last Name: _____

Birthday: _____/____/_____ Gender: M F

Parents/Guardians:

Mother's First Name: _____, Last name_____

Phone Number: _____

Email Address: _____

Father's First Name _____, Last name_____

Phone Number: _____

Email Address: _____

Address: _____

City _____

State _____Zip_____

These additional people that may pick up the child (must be 18 years or older)

_____, _____

_____, _____

Allergies: _____

I (Do Don't) give permission to YCF to take pictures of my child

I (Do Don't) give permission to YCF to share pictures via social media

Other Comments/Information: