

**Name of Child 3:** \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: Male / Female

**Tshirt size:** \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade Completed (as of June 30): \_\_\_\_\_

Does your child have any **severe** allergies? Yes  No  **Life-threatening** allergies? Yes  No   
(ex. bee stings, food, penicillin, other medication) **Food** allergies? Yes  No

If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes  No

If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities ....) Yes  No

If yes, explain: \_\_\_\_\_

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**Name of Child 4:** \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: Male / Female

**Tshirt size:** \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade Completed (as of June 30): \_\_\_\_\_

Does your child have any **severe** allergies? Yes  No  **Life-threatening** allergies? Yes  No   
(ex. bee stings, food, penicillin, other medication) **Food** allergies? Yes  No

If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes  No

If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities ....) Yes  No

If yes, explain: \_\_\_\_\_