

**Drop and Shop**  
**"Happy Birthday Jesus"**  
**December 3, 2017**  
**1:30 PM - 4:00 PM**  
**age 3 (must be potty trained) through 5th grade**



**Child's Personal Information**

Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Special Information for the day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents or Guardians**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information**

Medical Insurance: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_  
**Additional Information:** Please indicate likes/dislikes, potty training, special interests, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is our policy to notify a parent when a child is ill or needs medical attention. If we cannot contact a parent and we need to get immediate help for the child, our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER WHEN I/WE CANNOT  
BE CONTACTED.

Parent Signature/Date \_\_\_\_\_