



Children's Names

Enter up to 3 children's full names:

1 st Child	
2 nd Child	
3 rd Child	

Children's Date of Birth

Enter your children's Date of Birth:

1 st Child	
2 nd Child	
3 rd Child	

Parent or guardians' name

Please enter your full name

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Allergies

Please enter information about your children's allergies

1 st Child	
2 nd Child	
3 rd Child	

Emergency Contact

Please enter contact information for an emergency contact (normally this will be you)

Name	
Telephone	

Signature

I hereby give my consent to Wishes & Dreams Child Care to call a doctor or emergency care medical or surgical care for my children listed above.

Parent/Guardian Signature

Date