# Children’s Names

Enter up to 3 children’s full names:

|  |  |
| --- | --- |
| 1st Child |  |
| 2nd Child |  |
| 3rd Child |  |

# Children’s Date of Birth

Enter your children’s Date of Birth:

|  |  |
| --- | --- |
| 1st Child |  |
| 2nd Child |  |
| 3rd Child |  |

# Parent or guardians’ name

Please enter your full name

|  |
| --- |
|  |

# Allergies

Please enter information about your children’s allergies

|  |  |
| --- | --- |
| 1st Child |  |
| 2nd Child |  |
| 3rd 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* |