



check-ins

One Form Per Family (please print clearly)

Father \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
First and Last Name

Mother \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
First and Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Family/Primary Email \_\_\_\_\_

Other Adult Family Member(s) authorized to check-in / pick up your child(ren) – include cell Phone #'s

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Children (First & Last Names):

mm/dd/yyyy

1. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

2. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

3. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

4. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

5. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

6. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

7. \_\_\_\_\_  boy  girl Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

