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|--|--------------------|--------------------|
| Child's Full Name: | | Room: |
| Address: | | |
| | Caregiver 1 | Caregiver 2 |
| Name: | | |
| Relationship to child: | | |
| Home Phone: | | |
| Work Phone: | | |
| Mobile Phone: | | |
| Email Address: | | |
| Known allergies or medical conditions your child has: | | |

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