

LOGO	Child Connection Card			
	Child's First Name		Circle One: Boy / Girl	Today's Date
	Child's Last Name		Birth Date / /	Grade
Child's Address		City	State	Zip
Full Name(s) of Parents/Guardian			Relationship to child	
Address for Parents/Guardian <i>(if different from above)</i>		City	State	Zip
Day Phone	Evening Phone		Mobile Phone <i>(in case of emergency)</i>	
Email for Parent s/Guardian				
Does your child have any allergies or special needs? <i>(Use the back of this form if necessary)</i>				
Comments				
After the third visit, add the child to the registration sheet				
<input type="checkbox"/> First Visit <input type="checkbox"/> Second Visit <input type="checkbox"/> Third Visit <input type="checkbox"/> Update Information				

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