

CHILD'S PHOTO	<b>Child's Information Card</b>		
	First Name _____	Last Name _____	Birthdate _____
	Address _____		Home Phone _____
	City _____	State _____	Zip Code _____
Mother's Name _____		Father's Name _____	
Mother's Work Phone _____		Father's Work Phone _____	
Preferred Hospital:	EMERGENCY CONTACTS: _____ _____ _____		
Preferred Physician:			
Medical Concerns:			
Allergies:			

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