



Child's/ "Booster's" Registration Sheet

Child's Name: _____

Date of Birth: _____

Parent's Name (s) _____

Parent's Contact/Phone Number: (cell) _____ (home) _____

1. Does your child have any medical issues or concerns that we need to be aware of?

2. Does your child have any allergies? (i.e., environmental, food, etc.)

3. Is your child "potty trained"? _____yes _____no

4. Is there a particular "soother" (i.e. pacifier, blanket, etc?)

Your child likes? _____

5. Is there any other information you would like to share with us about your child?

