

New Family/Child Form



Parent Information

Father's Name:		Mother's Name:	
Phone #		Phone #	
Email Address		Email Address	
Address		Address	
Cite, State, Zip		City, State, Zip	

Child #1

Name		Date of Birth	
Allergies/Health Concerns		Grade in School, infant or toddler	

Child #2

Name		Date of Birth	
Allergies/Health Concerns		Grade in School, infant or toddler	

Child #3

Name		Date of Birth	
Allergies/Health Concerns		Grade in School, infant or toddler	

Child #4

Name		Date of Birth	
Allergies/Health Concerns		Grade in School, infant or toddler	

Mercy Kids Use Only

Date entered in PC
MM DD YY

Check-in lead on duty

Welcome letter sent
MM DD