## Summer Daycare Student Information

| Student Name:                              |
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| Date of Birth:                             |
| Address:                                   |
| Home Phone:                                |
| Parent/Guardian Name:                      |
| Parent/Guardian Phone Number:              |
| Email Address:                             |
| In Emergency call:                         |
| Phone number of:                           |
| Allergies:                                 |
| Other Medical Conditions:                  |
| Additional comments, concerns, or request: |