



Child Check In Sheet

PAYMENT
\$10 - per child
\$25 - max per family

TOTAL _____
PAYMENT _____
RECEIVED _____

Parent/Guardian Name: _____

Contact Phone Number: _____

Additional Contact Number: _____

Emergency Contact: _____
(In case parents/guardians cannot be reached)

Emergency Contact Phone: _____

CHILD #1:

Name: _____ Age: _____ Grade: _____ Gender: M or F

Allergies: _____

Other Info We Should Know: _____

CHILD #2:

Name: _____ Age: _____ Grade: _____ Gender: M or F

Allergies: _____

Other Info We Should Know: _____

CHILD #3:

Name: _____ Age: _____ Grade: _____ Gender: M or F

Allergies: _____

Other Info We Should Know: _____

CHILD #4:

Name: _____ Age: _____ Grade: _____ Gender: M or F

Allergies: _____

Other Info We Should Know: _____