

ADDITIONAL CHILDREN FORM

(2) Child's Information:

First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Age	M / F Gender
Ethnicity	School Attending	Grade

(2) Child's Medical Information:

Does your child have allergies?	Does your child have medical problems?
Does your child take any medications?	

(3) Child's Information:

First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Age	M / F Gender
Ethnicity	School Attending	Grade

(3) Child's Medical Information:

Does your child have allergies?	Does your child have medical problems?
Does your child take any medications?	