

Sherwood Oaks Kidspot Information Card

Child's name _____ Boy Girl
Birthdate _____ Grade _____ **Spot** _____
Allergies, Medical and other concerns _____

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Parent's or guardians Names _____

Address _____
City, State, Zip _____

Home phone _____ Cell phone _____

Email(s) _____

Person bringing child (**if different** that parents or guardian)

Relationship to child _____

For Office/Welcome Spot Use:

Visits: 1. _____ 2. _____ 3. _____ 4. _____

Date Permanent pager number requested _____