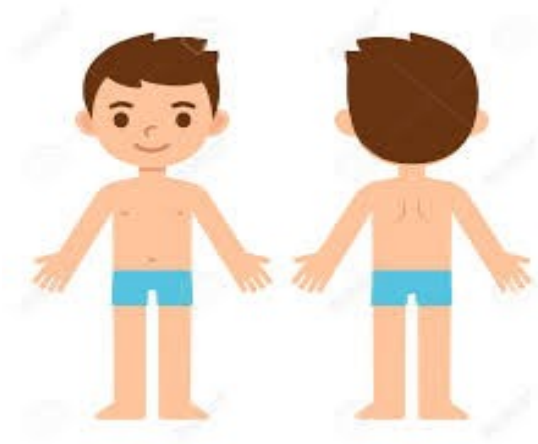


Freedom Fellowship Child Information Sheet



CHILD'S INFORMATION

Number Assigned: _____

Name: _____ Nickname: _____

Allergies/Special Needs: _____

Birthmarks/Spots: _____

(Please circle areas in diagram above)

Notes: _____

We will make contact with you with the assigned number to your child on the tv screen should any concerns arise.

PARENT/GUARDIAN *(Person with permission to pick up child)*

Name: _____ Phone: _____

Relationship to Child: _____

Check here if you want to be alerted to change your child's diaper.