

CITY KIDS

Special Needs Information Update

Date this form is completed: _____

Child's Name (First & Last): _____

Child's Date of Birth: _____

Diagnosis, Medical Condition or Child's Need: _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address: _____

Parent/Guardian Cell #: _____

Parent/Guardian Email: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Email: _____

Does your child have allergies/food sensitivities? (yes or no) _____

If yes, please list. _____

Is there anything else we should know about your child: _____
