Child Participation Form

Child's Full Name	
Date of Birth	
Gender	
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Diagnosis/Needs	
Parent/Guardian Name	
Relationship to Child	
Phone Number	
Email Address	
Emparagnes Contact Name	
Emergency Contact Name	
Emergency Contact Phone	
Emergency Contact Phone	
Relevant Medical Information (Allergies, Medications, etc.)	
Accessibility/Accommodations Requested	
Programs/Activities Interested In	

I give consent for my child to participate in nonprofit programs.							