

**Celebration Farm
Information sheet**

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact #1: _____

Phone: _____

Emergency Contact #2: _____

Phone: _____

Allergies: _____

Medications: _____

Other Concerns: _____

Permission to photograph? Yes _____ No _____

Parent/Guardian Signature _____