

## PARENT INFORMATION

MOTHER: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## CHILD INFORMATION

NAME	DOB	GENDER	GRADE	SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL NOTES, ALLERGIES, OR SPECIAL NEEDS:

\_\_\_\_\_

PHOTO RELEASE: Will you allow Good News to take photos of your child for publicity, such as pictures on social media or on our website?

YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_