



493 40<sup>th</sup> Street • Oakland, CA • 94609  
T: 510-444-5269 F: 510-654-1546

**Parent/Guardian Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

**Child's Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Any injuries, allergies, or medical conditions we should know about?

\_\_\_\_\_

\_\_\_\_\_



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