



Prince Street Children's Department  
Information Sheet

Child's Name \_\_\_\_\_

Child's age/grade \_\_\_\_\_ Birthday \_\_\_\_\_

Child's mailing address \_\_\_\_\_  
\_\_\_\_\_

email address \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Parent's Name \_\_\_\_\_

Food Allergies \_\_\_\_\_

Any special needs, or concerns you would like our staff to be aware of  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate on the reverse side who has permission to pick up your child