

PENN MANOR Mini-THON Valentine's Day Babysitting Event

Name of Child

Grade _____ Age _____

Known Allergies

Medical Concerns

Other Pertinent Information:

Additional Child

Name _____

Grade _____ Age _____

Known Allergies

Medical Concerns

Other Pertinent Information:

Parent's Name:

Home Address:

Emergency Contact Phone Number

Name _____ # _____

Alternate Emergency Contact Number

Name _____ # _____

ID Checked: YES NO (circle one)

Committee Member/Captain/Advisor

Signature: _____

PARENT PICK UP

Time: _____

Name: _____

Signature: _____

ID Checked: YES NO (circle one)

Committee Member/Captain/Advisor

Signature: _____