



FAMILY

babysitting info

IMPORTANT INFO

MOM'S NAME:

MOM'S PHONE #:

DAD'S NAME:

DAD'S PHONE #:

WHERE WE'LL BE:

WHERE WE'LL BE PHONE #:

POISON CONTROL PHONE #:

EMERGENCY PHONE #:

KIDS

NAME	AGE	LIKES / DISLIKES/ IMPORTANT INFO

FOOD

ALLERGIES	MEAL PLAN

BED TIME

TIMING	ROUTINE

NOTES

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child info

GENERAL INFO

NAME:

CURRENT DATE:

SCHOOL NAME:

PHONE #:

TEACHERS & COACHES

NAME	SUBJECT	NOTES/CONTACT INFO

EXTRACURRICULAR SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

MEASUREMENTS & SIZING

HEIGHT:

WEIGHT:

SHOE:

SHIRT:

PANT:

BRA:

BUST:

UNDER BUST:

NATURAL WAIST:

HIP:

INSEAM:

OTHER:

FAVORITES

SUBJECT

COLOR

FOOD

MUSIC

HOBBY

ENTERTAINMENT

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adult info

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