

**CWMC FIRST TIMER CARD**

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

CHILD NAME #1 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHILD NAME #2 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHILD NAME #3 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS \_\_\_\_\_

BROUGHT BY \_\_\_\_\_

**CWMC FIRST TIMER CARD**

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

CHILD NAME #1 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHILD NAME #2 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHILD NAME #3 \_\_\_\_\_  Male  Female

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS \_\_\_\_\_

BROUGHT BY \_\_\_\_\_