

Parent / Gua	ardian Name:		
Mobile Numb (Including con Parents & Gua volumes turne	ountry code) rdian must be always conta	actable, their phones fully charged and ringing	— J
Hotel / Apar	tment Name:		
Children's Names & Age:		(age	_)
		(age	_)
Allergies & ir	ntolerances, anything I	should know of?	
Anything els	e I should know about	the child/children?	_
	•	hild/children to be used on my website	_
YES NO	(please circle your an	swer)	
Disclaimer:	infectious disease, flus childcare in the event o	g care of children that are ill (e.g. Noroviron etc) I reserve the right to suspend a fyour child/children becoming ill. Child/children at least 24 hours before childcare/babysitti	ny en
Date:	/	Signature:	