



Annual Community Yoga Retreat
Kids Program – Care Form

One form per child - Please print clearly

Name of Child: _____

Health concerns / allergies (please provide full details including severity of allergy and any medication required):

Dates of attendance (please circle all that apply): Thur Fri Sat Sun Mon

Parent/Guardian name(s): _____

Cell phone number(s): _____

Email Address: _____

Additional adults authorized to drop off/ pick up your child. We encourage you to list at least two. During retreat you are welcome to add to this list:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 2. _____ | 4. _____ |
| 3. _____ | 6. _____ |

Emergency Contact (other than you): _____

Child's Care Card #: _____

Anything else we should know?
