



Daity's Name:

Parent/Guardian:

Siblings & Ages:

Please, tell us about any food allergies your child has.

Any special information about your child or activity restrictions?

Please, list any holidays your family does not celebrate.

**If you or another family member would like to share a special talent with our troop, please tell us.
Teach a yoga lesson, lead a craft, tell a story, sing a song...
Volunteers and creative ideas are welcome!!**