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## Information about your Child

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ (as of the date you will be having the sitter)

Height: \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

Allergies (if any): \_\_\_\_\_