



CCHD Family Learning Vacation CHILD INFORMATION SHEET

Please take a moment to fill out this form for each child that will be participating in children's activities during FLV weekend. This will help CCHD staff and volunteers to get to know your child and make him/her feel more comfortable throughout the weekend. Please return it to CCHD with your registration form. Thank you!

Child's name _____ Age _____

Nickname _____ Hearing/Hard of Hearing/Deaf _____

Communication Mode _____

3 things your child likes: 1) _____
2) _____
3) _____

3 things your child dislikes: 1) _____
2) _____
3) _____

Special Needs/Instructions (allergies, medical conditions, activity limitations, etc.):

Anything else you would like us to know?

Please return with registration form to:

CCHD/FLV

10243 W. National Avenue

West Allis, WI 53227

Or email to: kmalak@cchdwi.org

10243 W. National Ave. West Allis, WI 53227

414-604-2200 (Voice) • 414-604-7217 (TTY) • Fax: 414-604-7200

Website: www.cchdwi.org





CCHD Family Learning Vacation
**CHILD INFORMATION
SHEET**

10243 W. National Ave. West Allis, WI 53227
414-604-2200 (Voice) • 414-604-7217 (TTY) • Fax: 414-604-7200
Website: www.cchdwi.org

