FROM THE DESK OF



Please fill out the questions so I know a little about your child.

Return it to the Park District by November 8.

Child's Name:			Age:	
Gender: (please check)	Male	Female	Grade:	
Address				
City		Zip Code _		
Child's Favorite Activity:				- 11
Special Accomplishments:		П		
Name of siblings:				
Name of friends:				
Name & type of pets:				
Chore child regularly perform	ns:			
Behavior to improve:				
Gift child is asking for from	Santa Clau	s:	6-10	0

CHECKED TWICE & SIGNED BY

