



# CDHH Family Learning Vacation 2009

## 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 CDHH staff and volunteers to get to know your child and make him/her feel more comfortable throughout the weekend. Please return it to CDHH 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.):

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Anything else you would like us to know?

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**Please return with registration form to:**

**CDHH/FLV**

**10243 W. National Avenue**

**West Allis, WI 53227**

10243 W. National Ave. West Allis, WI 53227  
414-604-2200 (Voice) – 888-742-7651 (TTY) – Fax: 414-604-7200  
Website: [www.cdhh.org](http://www.cdhh.org)

