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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Child’s Last, First, Middle Name** | **Nickname** | **Sex** | **Date of Birth** | | **Age** | | **Street Address City State Zip** | | | | **First Day of Attendance** | | | | **Last Day of Attendance** | | | | **School Child Attends** | | | | **Grade** | | |   **Emergency Information**   |  | | --- | | **Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation** | | **Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations; Special Instructions to Provider** |   **Parent Information**   |  |  |  |  | | --- | --- | --- | --- | | **Mother’s Full Name** | |  | **Phone number** | | **Email address** | | | | | **Mother’s Address (if different from child’s** | |  | **Employer** | | **Mother’s Employer’s Address** | | | **Mother’s Work Phone** | | **Father’s Full Name** | |  | **Phone Number** | | **Email Address** | |  |  | | **Father’s Address (if different from child’s)** | | | **Employer** | | **Father’s Employers Address** | | | **Father’s Work Phone** | | **Name of Child’s Medical Insurance** | | | **Policy Number** | | **Name of Emergency Contact** | **Street Address** | | **Phone Number** | | **City State Zip** | | | **Name of Emergency Contact** | **Street Address** | | **Phone Number** | | **City State Zip** | | | Person’s Authorized to Pick Up Child (Appropriate custodial paperwork: custody order or other court order) shall be attached if a parent is not allowed to pick up the child:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |   **Parent Signature: Date:** |
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