|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Full 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** |
| **Mother’s Address (if different from child’s** |  | **Employer** |
| **Mother’s Employer’s Address** | **Mother’s Work Phone** |
| **Father’s Full Name** |  | **Phone Number** |
| **Father’s Address (if different from child’s)** | **Employer** |
| **Father’s Employers Address** | **Father’s Work Phone** |
| **Child’s Physician** | **Office Address** | **Phone** |
| **City State Zip** |
| **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:**  |
|  |
|  |
|  |
|  |