

STUDENT INFORMATION



Teacher _____ Room # _____

Child's Name _____ Birthdate _____

Address _____ Daily Contact # _____

Mother/Guardian Name _____

Cell Phone _____ Work Phone _____

Occupation _____

Other Children in Family _____

Father/Guardian Name _____

Cell Phone _____ Work Phone _____

Occupation _____

PERSONS AUTHORIZED TO PICK UP CHILD

Name	Home Phone	Work Phone	Cell Phone

PERSONS TO BE CALLED IN CASE OF EMERGENCY

Name	Relationship to child	Address	Phone

Is there any pertinent medical history of which we should be aware, such as allergies, asthma, nose bleeds, etc.? _____ If yes, please specify. _____

Is your child on regular medication? _____ If yes, please specify.

Elementary School Your Child Will Attend (*Preschool/Pre-K Only*) _____

Other helpful comments about your child. _____

Previous Group Experience _____