



### Child Information Form

Child's Last Name: _____			
First Name: _____		Middle Name: _____	
Nickname: _____		Date of birth: _____	
<b>PARENTS OR GUARDIANS</b>			
(1) Last Name: _____		First Name: _____	
Relationship to child: _____			
Address: _____		City, Zip: _____	
Phone 1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Email: _____			
Employer: _____			
(2) Last Name: _____		First Name: _____	
Relationship to child: _____			
Address: _____		City, Zip: _____	
Phone 1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Email: _____			
Employer: _____			



<b>OTHER EMERGENCY CONTACT</b>		
Name: _____	Relationship to child: _____	
Phone 1: _____	Phone 2: _____	
<b>AUTHORIZATION FOR PICKUP</b>		
<p>Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s whom you authorize to pick up your child on your behalf.</p>		
Name	Address	Phone
<p>A parent/guardian's verbal or written authorization for pick up must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.</p>		
<b>ADDITIONAL INFORMATION</b>		
<p>Please add any comments that you would like us to know about your child: (e.g. disabilities or special needs, hobbies, special interests, likes/ dislikes, shyness, etc.)</p>		
<p>Please note if your child will need extra provisions: (transportation, special dietary needs, potty training, medications to be administered, etc.)</p>		

\_\_\_\_\_

Parent/guardian Signature

\_\_\_\_\_

Date