



Child's Information

Child's Name: _____ Date of Birth: _____
Age: _____ Date: _____
Child's Home Address(es): _____

Home Phone Number: _____
Primary Language: _____ Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
_____	_____
Cellphone Number: _____	Cellphone Number: _____
Email Address: _____	Email Address: _____
Place of Work: _____	Place of Work: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____

Healthcare Information

Child's Physician: _____
Address: _____ Phone Number: _____
Allergies/Special Diets? _____

Chronic health condition? If yes, please fill out the Individual Healthcare Plan attached.

Special limitations or concerns? _____
Individual Education Plan (IEP)? _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Initial here: _____

I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medial care facility and secure necessary medical treatment.

Parent/Guardian Signature: _____

Child's Name: _____

Additional Emergency Contacts

Name 1: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Name 2: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 3: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____

Transportation Plan

Program Arrival: _____ Program Departure: _____
___ Parent Drop-Off _____ Parent Pick-Up
___ Bus/Van _____ Unsupervised Walk (**additional permission slip required**)
___ OTHER _____ Other _____

I give permission to the following people to pick my child up from the program:
First time pick-ups should bring photo ID. Please provide a copy of any agreement or legal order p to child pick-up.

Name: _____ ___ Anytime Person Shows Up
___ Only When I Call Ahead of Time
Phone Numbers: _____

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___ Only When I Call Ahead of Time
Phone Numbers: _____

****Include my child in video, film, or photos of program activities for the purpose of publicity, promotional fundraising events, educational materials, and warm fuzzy memories.***

Parent/Guardian Signature: _____

Date _____

Child's Name: _____

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Parent/Guardian Signature: _____

Date _____