



**Child's Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

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.*

Child's Name: \_\_\_\_\_

**Additional Emergency Contacts**

**Name 1:** \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

**Name 3:** \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

**Transportation Plan**

Program Arrival:

\_\_\_ Walk from classroom

\_\_\_ Parent Drop-Off

\_\_\_ Bus/Van

\_\_\_ OTHER \_\_\_\_\_

Program Departure:

\_\_\_ Parent Pick-Up

\_\_\_ Unsupervised Walk (additional permission slip required)

\_\_\_ Bus/Van

\_\_\_ 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 pertaining to child pick-up.***

Name: \_\_\_\_\_

\_\_\_ Anytime Person Shows Up

\_\_\_ Only When I Call Ahead of Time

Phone #(s): \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_ Anytime Person Shows Up

\_\_\_ Only When I Call Ahead of Time

Phone #(s): \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_ Anytime Person Shows Up

\_\_\_ Only When I Call Ahead of Time

Phone #(s): \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_ Anytime Person Shows Up

\_\_\_ Only When I Call Ahead of Time

Phone #(s): \_\_\_\_\_

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

***Initial Here:*** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_