

Personal Information

Child's Name: _____ Date of Birth: _____

Male / Female (circle) Age: _____ Grade when program starts: _____

Mother/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email address: _____

_____ Please check if this is your child's primary address

Father/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email address: _____

_____ Please check if this is your child's primary address

Physician Name: _____ Physician Number: () _____

Emergency Contact Information

Please choose who you would want to be contacted in case of emergency if neither parents/guardian are available.

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Please list who is authorized to pick up your child

Child will not be released to anyone except those listed below. Staff reserves the right to require photo identification before releasing child. This is to include parents, family, friends, etc. Please continue list on back if needed.

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____