

School Year \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Work#: \_\_\_\_\_

Work#: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Allergies: \_\_\_\_\_

In case of emergency the following people are designated to medically act on my behalf &/or remove my child from the preschool/daycare center. **Please provide name, address and phone number.** List a minimum of 2 contacts.

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_