

First and Last Name of Child	Preferred Name	Birth Date	Enrollment Date <i>(Checkmark = no longer enrolled)</i>	

Parent / Guardian Information				
Home Street Address:			Phone #:	
City:		State:		Zip Code:
Parent / Guardian's Name:			Phone #:	
Email:			Work #:	
Parent / Guardian's Name:			Phone #:	
Email:			Work #:	

Emergency Contacts (Other than Parents/Guardians) and Persons Authorized to Pick-Up the Child <i>(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children)</i>			
Name	Relationship to Child	Address	Phone #
<i>There are no emergency contacts available, other than parents / guardians.</i>			
<i>There are no persons authorized to pick up the child, other than parents / guardians.</i>			
Out of Area Contact Name:	Relationship to Child	Address	Phone #
<i>There are no out of area contacts available.</i>			

Child Information

Name:		Birth Date:	
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Allergies and Sensitivities

Allergy or Sensitivity	Instructions

Medical Information

Condition	Y	N	Condition	Y	N	Condition	Y	N
Asthma			Heart Problems			Developmental Delay		
Diabetes			Hearing Impairment			Physical Impairment		
Seizures			Visual Impairment			Other		
Additional health instructions:								
Current Medications								

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature: _____ **Date:** _____

I hereby give the provider permission to transport my child to and from school, on field trips (with written permission in advance), or for other agreed upon circumstances (optional).

Signature: _____ **Date:** _____

This form must be reviewed annually by the parent/guardian, and any changes noted.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

If these pages are not attached, the parent/guardian must sign each page individually