



Relationship to Parent(s) or Guardian: _____

Other identifying information (if any): _____

*Name: _____

Address (Street-City-State-Zip): _____

Telephone Number: _____ Relationship to child: _____

Relationship to Parent(s) or Guardian: _____

Other identifying information (if any): _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name:		Telephone Number:	
Name:		Telephone Number:	
Name:		Telephone Number:	
Name:		Telephone Number:	

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name: _____

Doctor/clinic phone # _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:
