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# Annual Record

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F

## Parent/Guardians Information

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
 Circle One: Single Married Divorced Separated Deceased

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents/Guardian's Occupation \_\_\_\_\_ Parents/Guardian's Occupation \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

Siblings \_\_\_\_\_

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

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

### Persons Authorized to pick up child

Name	Relationship		Cell Phone	Other Phone
Name	Relationship		Cell Phone	Other Phone

### Emergency Contacts

Name	Relationship		Name	Relationship
Home Phone	Work Phone		Home Phone	Work Phone

Are there any court orders preventing contact with this child? Yes No If yes, please attach a copy of the order.

Does Formative Years have permission to photograph/record your child? (Circle one) **Classroom** **Promotion** **Both Classroom & Promotion**

Known Allergies \_\_\_\_\_ Permission **IS** **IS NOT** granted for fieldtrips

Permission to use Antiseptic Yes No Usual Length of nap: \_\_\_\_\_

By signing, you are formally authorizing any personnel employed by Formative Years Growing & Learning Center to secure emergency care as needed for your child while under their supervision.

Hospital Preference: \_\_\_\_\_

Physician	Address:	Phone:
Dentist:	Address:	Phone:

Signature _____	Date: _____
Annual Update Initials _____ Date _____	Annual Update Initials _____ Date _____
Annual Update Initials _____ Date _____	Annual Update Initials _____ Date _____
Annual Update Initials _____ Date _____	Annual Update Initials _____ Date _____
Annual Update Initials _____ Date _____	Annual Update Initials _____ Date _____
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