

Child's Name _____ Birth date _____
Last First

Medical Needs/Food Sensitivities _____

Holidays Celebrated(Ex: Christmas/Hanukkah) _____

Parent or Guardians (Note: Unless we are informed otherwise in writing via a custody order or other legal document, both parents listed will be permitted to pick up a child.)**Please star the phone number we should use first**

Father _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Communication (Circle one) Email Phone Notes in Mailbox

Residence: Child lives with: ___ Both parents ___ Mother only ___ Father only ___ Shared or Split custody
___ Other: _____

Legal Custody: ___ Both parents ___ Mother ___ Father ___ Guardian: _____

Home Language(s) Spoken _____

Emergency: When a parent or guardian can't be reached, the following may be called in an emergency and have permission to remove my child from the center if necessary.

Name: _____ **Relationship:** _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ **Relationship:** _____

Home Phone _____ Work Phone _____ Cell Phone _____

Additional Person(s) authorized to call for my child: _____

Child's Health care Provider: Name _____ **Phone** _____

Address _____

"I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately."

Parent Signature: _____ Date _____

