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_____