

(516) 632-2328 THA@TheHAcademy.org

Contact Sheet

Child's Name:	Admission Date:	Classroom:
Date of Birth:	Address:	Home Phone Number:
Allergies/Health Conditions:	Contact E-Mail Address:	Code Word:
Parent's Name:	Cell Phone Number:	Work Number:
Parent's Name:	Cell Phone Number:	Work Number:
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Emergency Contacts		
Name:	Relationship:	Cell Phone Number:
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1.		
2.		
2		
3.		
<u>Escorts</u>		
Please list if there are any additional people who may drop off or pick up your child.		
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2.		
3.		
J.		
4.		
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5.		