

**THE FOLLOWING INFORMATION FOR EACH CHILD MUST BE OBTAINED BEFORE A CHILD RECEIVES CARE.**

Name(s) of Student(s):			
First:	Middle:	Last	Date of Birth:
1.	_____		
2.	_____		
3.	_____		

Residing Address \_\_\_\_\_ Relationship to Student(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Work (place) where you can be reached \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student(s) Other Parent \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Home & Work #'s \_\_\_\_\_

Work (place) where Other can be reached \_\_\_\_\_ Work Phone # \_\_\_\_\_

Other People to be Notified in Case of an Emergency:			
Name:	Relationship to Student(s):	Address:	Phone #:
1.	_____		
2.	_____		

Student(s) Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who Else Has Permission to Pick-Up Student(s):			
Name:	Relationship to Student(s):	Address:	Phone #:
1.	_____		
2.	_____		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_