



PARENT/GUARDIAN INFORMATION FORM

Please Print Clearly

Child's name _____ Address _____

Nickname _____ Birth date _____

Mother/Guardian _____ Father/Guardian _____

Primary/Cell # _____ Primary/Cell # _____

Email _____ Email _____

Occupation _____ Occupation _____

Work # _____ Work # _____

Business Address _____ Business Address _____

Doctor's Name _____ Doctor's # _____

Name and age of siblings _____

Name and number of emergency contacts _____

Does your child have any allergies, medical condition or any other concerns we should be aware of?

If so, please explain _____

Has your child participated in any programs before? If so, which ones? Were there any separation issues? _____

I understand that my child will NOT be napping during school hours.

Signed _____ Date _____

PICK UP AUTHORIZATION

Please list the contact information of **any other** person you are authorizing to pick your child up from school. If they are not on this list, we cannot release your child to them. If you are having your child picked up by a new person not on this list, please provide a photo of them and contact information via email before pick up.

Please indicate authorized names, relation, and numbers

1. _____ Relation: _____ # _____

2. _____ Relation: _____ # _____

Parent/Guardian: _____ Date: _____