



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 _____

Does your child have any allergies or medical conditions? If so, please explain _____

Does your child have any special needs or receive services, such as EI, OT, PT or speech/language?

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 nap during school hours.

I consent to my child taking part in neighborhood walks away from the program under proper supervision.

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 picking up. **Please indicate authorized names, relations, and numbers.**

1. _____ Relation: _____ # _____

2. _____ Relation: _____ # _____

Parent/Guardian: _____ Date: _____