



## **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: \_\_\_\_\_