CHILD'S NAME:		DOB:	

PARENT CONTACT INFORMATION	
Parent #1 Name:	Parent #2 Name:
Place of Employment:	Place of Employment:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
Home Phone #:	E-mail Address:

EMERGENCY CONTACT INFORMATION	
Name:	Phone #:
Name:	Phone #:

MEDICAL INFORMATION	
Doctor's Name:	Phone #:
Allergies:	

PERMISSION TO PICK UP/DROP OFF	
I give permission for the following person(s) to pick up and/or drop off my child(ren):	
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

SIGNATURE:		DATE:	