



Identification and Emergency Information

Child's Name _____ Date of Birth _____
Last First Nickname

Street Address _____ Home Phone _____

City State Zip code Other Phone Numbers:

Mother or Guardian _____ Cell _____
(Include maiden name) Accept text message? _____

Employment _____ Hours: _____ Work _____

Father or Guardian Name _____ Cell _____
Accept text message? _____

Employment _____ Hours: _____ Work _____

Parent/Guardian Email Address _____

Persons authorized to pick up child:

No child will be released to anyone not known to the school without authorization from parents or guardian.

Person to be called in case of emergency

(Be sure to include someone who will usually know your whereabouts)

Name _____ Relationship to child _____

Address _____ Phone _____

City State Zip code Cell Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

City State Zip code Cell Phone _____

Child's Physician _____ Phone _____

Emergency Hospital preference _____

I authorize the school to give my child Tylenol, if needed _____

Parent or Guardian Signature

School Use Only: Class Assignment: _____ Number of days/week: _____