

Child's Name: _____

Home Number: _____

Mom's Work #: _____

Mom's Cell #: _____

Dad's Work #: _____

Dad's Cell #: _____

Child's Information

Birthday: _____ Sex: _____ Age: _____

Program : Half Day (8:00-12) School (8:00-3) Full (6:30-6:30)

Mother: _____

Father: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Lives with: w/both w/mom w/dad other

Emergency Contact and authorized ick up in case of an emergency iif you cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Physician: _____

Phone: _____

Insurance Company: _____

Member ID: _____ Group _____

Policy Holder: _____