

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY STATE ZIP HOME PHONE NUMBER

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS (If different from child's): \_\_\_\_\_

MOTHER'S WORKPLACE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS (If different from child's): \_\_\_\_\_

FATHER'S WORKPLACE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

**PERSON(S) OTHER THAN PARENT THAT CHILD CAN BE RELEASED TO:**

(1) NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SCHOOL USAGE ONLY: Program Schedule: (HALF DAY) (9AM - 3PM) (FULL DAY)  
CLASS PLACEMENT: