Child Information Form 1/26/14, 6:56 PM

				Print	
	"FRII	ENDS" CHILD INFORMATION	N FORM		
Child's Name Age Mother's Name Address	Grade	 Phone,home City/State	Date Of Birth Teacher	S.S.# Work Zip	_
Father's Name Address		Dhana hama		Work	
Email Address 1:					
Email Address 2:					
List names and phone r in case of emergency.	numbers of three peop	le who are authorized to pick y	your child. These p	people may also be conta	acted
Name	е	Relationship	Phone	e Numbers	
1		Home		Work	-
2		Home		Work	-
3		Home		Work	-
If parents are divorced,	which parent has cust	ody?		_	
*List any illness, disabili	ities, special medicatio	ons or routines that affect your	child's activities:		
Does your child have a	current health form at	the school? Yes No			
Does your child have he	ealth insurance? Yes_	No(Must have insurance to	enroll)		
Child's Physician					
Preferred Hospital					

To my knowledge, this information is correct. In the event that I cannot be reached in an emergency, I hereby give my permission to the Site Director or designee to secure emergency medical services, including transportation and physician. I also give permission to the attending physician to order injection, anesthesia, or surgery, if necessary, for my child as name above.

I have received, read, and understand the Parent Handbook, Parent Agreement Form. And the State Child Care licensing requirements. I will allow my child to be photographed for any media event.

Insurance Co. _____ Policy #

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Parent Signature______Date_____