

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer name & address \_\_\_\_\_ Work Phone \_\_\_\_\_

Please circle which phone number should be used 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> to reach you while your child is in the program.

Cell 1 2 3                      Home 1 2 3                      Work 1 2 3

Employer Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer name & address \_\_\_\_\_ Work Phone \_\_\_\_\_

Please circle which phone number should be used 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> to reach you while your child is in the program.

Cell 1 2 3                      Home 1 2 3                      Work 1 2 3

Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:

Name	Name
Street Address	Street Address
City	City
State                      Zip Code	State                      Zip Code
Relationship to Child	Relationship to Child
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone

Physician:

Dentist:

Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone

**ANNUAL CLASS ROSTER**

Each year we prepare a roster for each group of children in our program.

This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

Please circle one

My child's name	Yes	No		
Parents/Guardians name	Yes	No		
Phone number	Work	Mobil	Home	No

\_\_\_\_\_  
Signature of parent, or guardian

\_\_\_\_\_  
Date

CHRONIC PHYSICAL PROBLEM(S):
HISTORY OF HOSPITALIZATION:
DISEASES THIS CHILD HAS HAD:
ALLERGIES AND TREATMENT:
MEDICATIONS, FOOD SUPPLEMENTS, MODIFIED DIET OR FLUORIDE SUPPLEMENTS:

List of Person(s) to whom this child can be released: (Please print)


List of Person(s) not permitted to pick up this child (Please print)

	Restraint papers or Divorce decree attached
	Yes No
	Yes No

**IMPORTANT: Please attach a copy of your child's immunization records**

EXEMPT FROM IMMUNIZATIONS	PLEASE CIRCLE ONE
Religious conviction	Yes No
Other:	

Parent/Guardian signature for immunization exemption:

\_\_\_\_\_