

Child Information Form

Name _____
Last First Nickname Gender DOB

Address _____

Home Phone Number _____

Parent's Name _____

Address _____

Employer _____

Phone Number _____ (W) _____ (C)

Email address _____

Parent's Name _____

Address _____

Employer _____

Phone Number _____ (W) _____ (C)

Email address _____

Alternate Emergency Contact persons (2 names required by law)

Name _____

Address _____

Phone Number _____ () _____ (C)

Name _____

Address _____

Phone Number _____ () _____ (C)

Name of persons authorized to pick up:

- 1.**
- 2.**
- 3.**

Name of persons not authorized for pick up: _____

Allergies and Food Intolerance:

Please list any chronic physical problems and any special accommodations required
