

WHERE CHILDREN GROW 2019-2020

SCHOOL:

CHILD INFORMATION

First Name:	Date of Birth (m/d/y):
Last Name:	Age of Child:

MEDICAL INFORMATION

Doctor's Name:	Does your child have any allergies?
Doctor's Phone Number:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Doctor's Address:	Does your child have an Epipen?
Health Card Number (optional):	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please specify.


PARENT/GUARDIAN INFORMATION

Mother's Name:	Father's Name:
Home # : Cell # :	Home # : Cell # :
e-mail :	e-mail :
Home Address (including postal code):	Home Address (including postal code):
Place of Employment:	Place of Employment:
Work Number: Extension:	Work Number: Extension:
Work Address (including postal code):	Work Address (including postal code):
Tax Receipt : Yes No Both	Tax Receipt : Yes No Both

EMERGENCY CONTACT 1

Name:	Full Name	Relationship to Child
Phone Number:	1	
Address (including postal code):	2	
	3	
Relationship to Child:	4	

AUTHORIZED PICK-UP PEOPLE**EMERGENCY CONTACT 2**

Name:	CUSTODY AGREEMENT	
Phone Number:	Please indicate who has custody	
Address (including postal code):	Mother and Father	
	Mother only	
Relationship to Child:	Father only	
	Other:	

Parent Signature____/____/____
Date (m/d/y)

Does your child have any special <u>medication</u> information		Has your child being diagnosed with a medical condition	
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please indicate:

Please indicate:

ADDITIONAL INFORMATION I.E. Child's likes, dislikes, interests, abilities, needs, family traditions or routines.

OFFICE USE ONLY

Start Date:

End Date:

