



**I. Student/Parent Information:**

_____	_____	_____
Student First Name	Last Name	Date of Birth
_____	_____	_____
Parent First Name	Last Name	Home Phone
Address _____		_____
City, State, Zip _____		Work Phone

**II. Emergency Contacts:**

_____	_____	_____
Name	Name	Name
_____	_____	_____
Phone Number	Phone Number	Phone Number
_____	_____	_____
Relationship to the Student	Relationship to the Student	Relationship to the Student

**III. Pick Up Information:**

Person(s) who will pick up student \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\*Identification may be required at time of pick up

**IV. Medical History:**

Please be aware of the following medical conditions, allergies (including food, bee sting, etc.) or medication needs for my child. I understand that this information will not exclude my child from participation in the program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian Date

