



Student Information Form Pg. 1 of 2

Must Accompany the Student Medical Release Form

Start date: MTWTF

First	Last	M.I.	Nickname
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Age: _____ Birth Date: _____ Male _____ Female _____

Mother/Guardian _____ Phone _____

First	Last
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Mother - Place of Work

Work Address (where you can be reached while child is in our care)	Work Phone #
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Mother's Email _____ Father's Email _____

Mother's Address

Street	City	State	Zip Code
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Father/Guardian Phone

First	Last
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Father - Place of Work

Work Address (where you can be reached while child is in our care)	Work Phone #
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Father's Address

Street	City	State	Zip Cod
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OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY

Name	Contact Numbers	Relation
1.		
<hr/>		
2.		
<hr/>		

Out of State contact

3.

Health Information

YES__ NO__ ALLERGIES If yes, please supply us with a Family Food Allergy History Form and/or Anaphylaxis Emergency Action Plan. Both forms are available on our website. What are your child's Allergies?

YES__ NO__ Regular Medication If yes, please list

YES NO Does your child have any physical, mental, emotional, behavioral problems, or any unusual family circumstances that we should be aware of? If yes, please give details

YES NO Has your child been in childcare before? Where? And have they ever been expelled from a center?
