

Child Information Sheet

Enrollment Date: _____

Name of Child: _____ **Birthdate:** _____

Home Address: _____

Home Phone: _____ **Cell:** _____

Parent or Guardian: _____

Driver's License#: _____

Name of Parent's Employer: _____

Work Address: _____ **Phone #:** _____

Email Address: _____

Parent or Guardian: _____

Driver's License #: _____

Name of Parent's Employer: _____

Work Address: _____ **Phone#:** _____

Email Address: _____

OTHERS TO BE CONTACTED WITHIN THE IMMEDIATE AREA IF PARENTS OR GUARDIAN CANNOT BE CONTACTED IN CASE OF AN EMERGENCY:

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Child's Physician: _____

Address: _____ **Phone #:** _____

Known Allergies: _____

