

Getting to Know You

School Year 2019-2020

Child's Name: _____ Date of Birth: _____ Gender: M/ F
Nickname: _____ Telephone #: _____
Child's Address: _____

Parent Responsible for Payment: _____

Parent/Guardian #1 Name: _____
Home Address: _____
Home Tel. #: _____ Work Tel #: _____
Cell Phone #: _____
Email Address: _____
Employer Name: _____
Relationship: _____

Parent/Guardian #2 Name: _____
Home Address: _____
Home Tel. #: _____ Work Tel #: _____
Cell Phone #: _____
Email Address: _____
Employer Name: _____
Relationship: _____

Parent Authorization For Pick Up

The following persons are authorized by me to remove my child from the facility (please include spouse, if applicable):

1. _____
2. _____
3. _____
4. _____

The following persons are NOT authorized by me to remove my child from the facility:

Two Relatives/Neighbors who will assume care for your child if you cannot be reached:

1. Names: _____
Home # _____ Work # _____ Cell Phone: _____
2. Names: _____
Home # _____ Work # _____ Cell Phone: _____