



Student Information Form

Child & Family Information:

Child's Name: _____

Date of Birth: _____

Address: _____

Father's Name: _____

Mother's Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Email: _____

Email: _____

Persons Authorized to Pick Child Up:

1) Name: _____ Relationship to Child: _____

2) Name: _____ Relationship to Child: _____

3) Name: _____ Relationship to Child: _____

Emergency Contacts:

1) Name: _____ Phone: _____

Relationship to Child: _____

2) Name: _____ Phone: _____

Relationship to Child: _____

3) Name: _____ Phone: _____

Relationship to Child: _____

Allergies & Dietary Concerns:
