



STUDENT INFORMATION

Last Name:	Soc. Sec.#	Address, City, State, Zip	
First Name:	Nick name:	Days in Care: Mon.-Fri.	Meals Served: <input checked="" type="radio"/> B <input checked="" type="radio"/> L <input checked="" type="radio"/> PS
Middle Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Hours in School: 6:30am-6:30pm or 3:30pm-6:30pm	
Date of Birth:	Age (As of 9/1)	Home Phone: ()	
Date of Admission:	Date of Withdraw:	Cell Phone: ()	
PARENT INFORMATION			
Father (or Guardian Steppather)		Mother (or Guardian Stepmother)	
Name		Name	
Soc. Sec. #		Soc. Sec. #	
Business Name		Business Name	
Bus. Phone ()		Business Phone ()	
Email Address		Email Address	
Home Address (if different from Student)			
I hereby authorize the child care facility to allow my child/children to leave the child care facility with the following persons:			
Full Name	Driver License #	Relationship to child:	Phone #

SCHOOL AGE CHILDREN

My child attends the following school and his/her immunization record is on file at the school and the immunizations and tuberculosis test results are current:

Name of School:	Hours in School: 8-11. 12-3 8-3
School Phone Number:	

CONSENT STATEMENT

I hereby give do not give my consent for my child to be transported and supervised by the facility's staff.

TRANSPORTATION: to and from school on field trips to and from home

I hereby give do not give my consent for my child to be photographed from time to time for publishing on school's

PHOTOGRAPHS: website, school advertising and/ or in the school scrapbook.

I hereby give do not give my consent for my child to PARTICIPATE IN WATER ACTIVITIES:

WATER ACTIVITIES: splashing pool swimming pools other bodies of water provided by facility

Parents Comments:

I certify that the above information is correct and I acknowledge and understand all of the school policies on the following: Center Fees and Tuition, Center Holiday/Closed Dates, Sick Child Policy; and agree to abide by them.

Parent Signature: _____

Date: _____

