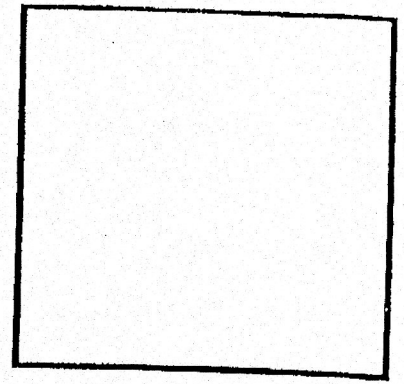


Child Information/History

Child's Name _____
Date of Enrollment _____
Address _____
City _____ State _____ Zip _____
Child's Birth date _____
Preferred Name _____



Mother's Name _____
Father's Name _____
Guardian's Name _____
Phone#(Mom) _____ Phone# (Dad) _____
Phone# (Work) _____ Phone# (Cell) _____
Phone#(other) _____

Medical Information

List all allergies _____
List all Medical Conditions _____
List all regular medications _____
Doctor's Name _____ Phone# _____
Doctor's Address _____
May we call another doctor if unable to contact above? Yes or No? _____
Medical Insurance _____
Name of Company _____ Policy Number _____

Other Persons to be notified in case of Emergency

Name _____ Phone# _____
Name _____ Phone# _____

Persons Authorized to Pick Up Your Child

Name _____ Phone# _____
Name _____ Phone# _____
Name _____ Phone# _____

Pass Code for Special circumstances _____