IDENTIFICATION AND EMERGENCY INFORMATION

1. Parent or Guardian:_____
2. Street Address:_____
3. City, State & Zip Code: _____
4. Student's Last Name_____First_____
5. Sex: Male/Female (Circle) 6. Birthday (mm/dd/yyyy)_____
7. Enrollment Date (mm/dd/yyyy): _____
8. Attendance: My child will be registered to attend the following days: (please check)

   Mon___ Tues___ Wed___ Thurs___ Fri___
9. Home Phone Number_____
10. Mother's Employer (name)_____
11. Father's Employer (name)_____
12. Mother's Emergency Phone Number _____
13. Father's Emergency Phone Number_____
14. Last School Attended_____
15. Physician's Name: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Note** Child will not be allowed to leave with any other person without written authorization from parent or guardian. In-order to pick up mother and/or father must be listed below.

Name	Address	Phone	Relationship