



EMERGENCY FORM

Location: _____ Day _____ Time _____

Child's Name - Last _____ First (prefers to be called) _____

Date of Birth _____ School _____

Parent(s) Name(s) _____

Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Emergency Name _____ Phone _____ Relationship to child _____

CAR POOL & PICK UP INFORMATION

The people listed below are authorized to pick up my child from class.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

PLEASE TELL US ABOUT YOUR CHILD

Allergies _____

Medical Restrictions _____

Special Interests or hobbies _____

How does your child feel about letters, sounds and reading? _____

Anything else you want us to know about your child? _____