



CHILD INFORMATION

Last Name		First Name	Birthdate	
Sex		Social Security #	Age	
Bus Run	AM or PM	School	Enroll Date	Start Date
Doctor		Phone Number		
Dentist		Phone Number		
Specialist		Phone Number		

Emergency Information (use someone other than yourself)

Contact 1	Phone Number
Driver's License #	Address
Contact 2	Phone Number
Driver's License #	Address
Contact 3	Phone Number
Driver's License #	Address

Insurance/Medical Information

Insurance Company	Policy Number
Food Allergies	
Other Allergies	
Date of Last Physical	

Please provide proof of immunizations for your child on Form #3231. **This Form must be kept current at all times.**

Does your child have any physical, mental, or developmental problems which would limit your child's participation in this program or activities? If so, please explain:
