

CHILDREN'S ACADEMY

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address _____

Age of Child _____ Birth Date _____

Information about the Family:

Father's Name _____ Home Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Employed at _____ Business Phone _____

Mother's Name _____ Home Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Employed at _____ Business Phone _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Office Phone _____

Name of Child's Dentist _____ Office Phone _____

Hospital preference _____ Known allergies _____

I agree that the operator of van or teacher may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

I give my permission for my child to leave school grounds for picnics, field trips or other off site activities with prior notice with the exception of emergencies in which my child can be transported immediately.

(DATE)

(SIGNATURE OF PARENT)