

Emergency Information

Please type or print information

Today's Date _____

Name _____ Date of birth _____

Address _____ City _____ Zip _____

Home phone _____ Cellular _____ Other _____

Father's name _____ Occupation _____ Bpr. _____

Employer name/telephone number _____

Mother's name _____ Occupation _____ Bpr. _____

Employer name/telephone number _____

Child lives with _____

Father's signature

Mother's signature

Program Enrolled in _____ **Days/Times:** _____ **Date to Begin** _____

MEDICAL INFORMATION

Child's physician _____ Phone _____

Any physical disabilities or health problems we should be aware of? _____

Any allergies? _____

Hospital preference in case of emergency _____

Insurance _____ Policy number _____

EMERGENCY CONTACTS

Other persons permitted to remove child and/or be notified in case of illness or accident:

Name	Phone	Relation
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