

Child's Name: _____

Homeroom Teacher: _____

Parent Name: _____

Best Phone: _____

Parent Name: _____

Best Phone: _____

Emergency Contact: _____

Phone: _____

Days Likely Attending Before Care:

__M __T __W __Th __F __As Needed

Does your child...

Have any health problems? _____ Please describe, if yes _____

Have any FOOD allergies? (please list) _____

Have any other allergies? (please list) _____

Please use the rest of this sheet to share any additional information that you feel would be helpful or important for me to know.