



Please list three people other than parents authorized to pick up your child at school or to take responsibility for your child if your child should become ill at school and you cannot be reached. Please list people who can be reached during the day.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR TO BE CALLED IN CASE OF EMERGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DENTIST \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

SIBLINGS BY AGE \_\_\_\_\_

\_\_\_\_\_

PREVIOUS GROUP OR SCHOOL EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD TOILET TRAINED? \_\_\_\_\_

DOES YOUR CHILD REQUIRE A NAP? \_\_\_\_\_

DOES YOUR CHILD HAVE SPECIAL NEEDS OR RECEIVE SPECIAL SERVICES?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent(s) or legal guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_