



**2011-2012  
Student Information**

Student Name \_\_\_\_\_

Mother and Father Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mom Work Phone \_\_\_\_\_ Mom Cell Phone \_\_\_\_\_

Dad Work Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_

Cell phones and any other numbers the Center may need

Person to call in case parents cannot be reached  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Your child may be picked up by the following people:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note that any person on your list will need to show a valid ID for identification.

Please list any allergies your child may have:  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of classroom information, tuition, and registration fees and I agree to all policies.

\_\_\_\_\_  
Parent Signature Date