



**2010-2011
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