



Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's Doctor or Clinic Name \_\_\_\_\_

Doctor/Clinic Phone \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

