

Early Childhood Student Enrollment/ Emergency Information Card

Student's Last Name: _____ **First:** _____ **Middle:** _____ **Prefers to be called:** _____

Male / Female **Age:** _____ **D.O.B.** ____/____/____ **Parent(s)/Guardian student lives with:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mother/Guardian Name: _____ **Cell Phone:** _____

Mother works at: _____ **Occupation:** _____

Father/Guardian Name: _____ **Cell Phone:** _____

Father works at: _____ **Occupation:** _____

List of relatives or friends ALLOWED to pick up your student

Name: _____ **Cell Phone:** _____ **Relationship:** _____

Name: _____ **Cell Phone:** _____ **Relationship:** _____

Name: _____ **Cell Phone:** _____ **Relationship:** _____

Name: _____ **Cell Phone:** _____ **Relationship:** _____

Name: _____ **Cell Phone:** _____ **Relationship:** _____

Names of anyone NOT ALLOWED to pick up your child from school (Legal documents must be on file with school):

Any Health Conditions: _____ **Allergies** _____

Current Medications: _____ **Name of Pediatrician** _____

Bilingual/Speech/504/Special Assessment: _____

Has your child attended an early-childhood program before? YES NO If yes, Where? _____ When? _____

I grant permission for previous school(s) to release any and all records to this program. YES NO Initials _____

Parent/Guardian Signature: _____ **Date:** _____