

SUMMER "STARS" CHILD INFORMATION FORM

Child's Name _____ Age _____ Grade Completed _____ Birthday _____

Mother's Name _____ Phone, Home _____ Work _____ Cell _____

Address _____ City/State _____ Zip _____

Employer _____ Social Security # _____

Father's Name _____ Phone, Home _____ Work _____ Cell _____

Address _____ City/State _____ Zip _____

Employer _____ Social Security # _____

Email address: _____

List names and phone numbers of three people who are authorized to pick up your child in preferred order. These people may also be contacted in case of an emergency.

Table with 3 columns: Name, Relationship, Phone. Includes sub-headers for Home, Work, Cell for each row.

If parents are divorced, which parent has custody of the child? _____

*List any illness, disabilities, special medications or routines that affect your child's activity: _____

Does your child have a current health form on file at the Elementary School? Yes _____ No _____

Does your child have medical insurance? Yes _____ No _____ (Must have insurance to enroll your child.)

Child's Physician _____ Phone _____

Preferred Hospital _____

Insurance Co. _____ Policy # _____

To my knowledge, this information is correct. In the event that I cannot be reached in an emergency, I hereby give my permission to the Director or designee to secure emergency medical services, including transportation and physician. I also give permission to the attending physician to order injection, anesthesia, or surgery, if necessary, for my child as name above.

I have received, read, and understand the Parent Handbook, Parent Agreement Form, and the State Child Care licensing requirements. I will allow my child to be photographed for any media event.

Parent Signature _____ Date _____