

EMERGENCY CONTACTS:

In case of emergency or school closure, please provide us with names, addresses and phone numbers of contacts if the school cannot contact you.

Contacts: **Name:** **Phone 1:** **Phone 2:**

Emergency #1

Emergency #2

Emergency #3

LAST SCHOOL ATTENDED:

Name of School: _____ Grade: _____
 Street Address: _____ City: _____ State: ____ Zip Code: _____
 Phone Number: _____

DAYCARE INFORMATION:

List any daycare information (other than home).

Name: **Address:** **Phone #:**

Before school care

After school care

CUSTODY:

Please indicate if the school administration should be aware of any Court Order for the protection of your child. ___ Yes ___ No
 If 'yes', please make arrangements to discuss this situation with the school administration.

Restricted Name: _____ Relationship to child: _____

Legal documentation will be required.

MEDICAL INFORMATION:

IF IMMEDIATE MEDICAL TREATMENT IS NECESSARY, WHICH DOCTOR WOULD YOU PREFER:

DR.: _____ PHONE #: _____

Does Your Child Have Medical Insurance? ___Y ___N

If your child does NOT have health insurance, call 1-877-CT-HUSKY.

ADDITIONAL INFORMATION:

Does your child currently receive any special services and/or supports? ___Yes ___ No

SIBLING INFORMATION:

Name: **Gender:** **Birth Date:**

SIGNATURE REQUIRED: I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

Date: _____

Parent/Guardian Signature: _____