

# Child Information Form

CHILD'S NAME (last, first)	
NICKNAME (if preferred to be used)	
BIRTHDATE (month/day/year)	
What allergies and information do we need to know about your child?	
PARENT/LEGAL GUARDIAN	
CONTACT INFORMATION (phone & email)	
Who is authorized to pick up this child from class?	
Do you give permission for your child to be photographed for display and/or publications?	<input type="checkbox"/> I do. <input type="checkbox"/> I do not.
TODAY'S DATE	
INFORMATION GIVEN BY (name of adult/relationship)	
MAILING ADDRESS	
ADDITIONAL INFORMATION	

