



# CONTACT INFORMATION

To Be Kept in the Classroom

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Persons Authorized to Pick up My Child:

_____	_____
_____	_____
_____	_____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_