

Creativity Abounds! 2010-2011

Please provide all requested information below:

Name:	Birth date (M/D/Y):	Gender:
Home Address:		
City:	State:	Zip: Phone:

Mother/Guardian	Father/Guardian
Name:	Name
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Parents/Guardians are authorized pick-up persons.
We must have Official Court Documents on file before we can limit access to a child by his or her parent.

Emergency Contacts

Please list 2 local people (not parents) that we may contact in the event that we are unable to reach the parents/guardians. Emergency contacts are also considered to be authorized pick-up persons. In the event of an emergency, parents will be contacted first. Emergency Contacts are only called when a parent or legal guardian is not available.

Emergency Contact/Designated Pick-up Person 1	Emergency Contact/Designated Pick-up Person 2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Please initial here if you are unable to provide Emergency Contact Information_____.

Health History

Is your child under physician's care for specific health physical, mental or emotional needs? Yes _____, No _____
If yes, please explain: _____

Are there any restrictions on your child's physical activities or allergies? Yes_____, No_____
If yes, please explain: _____

Date of last Medical Physical: _____ Are all required immunizations up to date? Yes _____ No_____

This health history is correct so far as I know, and the person herein described has permission to engage in all described activities except noted above.

Parent/Guardian Signature: _____ Date: _____