

Name of Responsible Person(s) (other than the parent) who can be called in case of illness or Emergency if parents cannot be reached:

Name: _____

Address: _____

Phone #: _____ Relationship: _____

Name: _____

Address: _____

Phone #: _____ Relationship: _____

Names and Ages of Brothers and Sisters

Health Information: (allergies, medication, etc.)

Additional information that you feel we need to know about your child:

School where your child will attend Kindergarten: _____

