§1515.A.1,2,3

John Calvin Playschool's MasterCard
Student Information Form

Admit Date:

Child's Name: _____ Sex: _____ Birthdate: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

Person(s) with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist Phone #: _____

Individuals to contact in case of an emergency:

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

Please explain your "Yes" answers here: _____

_____

*My child has permission to be released to the following individuals, child care facilities, or transportation services in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____