

**KID'S COMPANY / EXTENDED DAY
GENERAL INFORMATION FORM**

These forms need to be filled out completely and returned to Community Ed before your child/ren will be permitted to start the child care program. Please make sure to update these forms as changes occur.

Family Information:

| | | | | |
|-------------------------------|---------------------------|-----------|-------------|------------------|
| Child's Name _____ | Birthdate _____ | Age ____ | Grade ____ | Sex ____ |
| Child's Name _____ | Birthdate _____ | Age ____ | Grade ____ | Sex ____ |
| Child's Name _____ | Birthdate _____ | Age ____ | Grade ____ | Sex ____ |
| Address _____ | City _____ | Zip _____ | Phone _____ | |
| Mother's Name _____ | Place of Employment _____ | | | Cell Phone _____ |
| | Work Phone _____ | | | |
| Father's Name _____ | Place of Employment _____ | | | Cell Phone _____ |
| | Work Phone _____ | | | |
| Parent(s) Email Address _____ | | | | |

Local Emergency Contacts (other than parents):

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

My Child/ren will be attending:

Please Circle : Mon. Tues. Wed. Thur. Fri. or Everyday

Time of Arrival _____ Time of Pick-up _____

Individuals authorized to pick up my Child:

| | NAME | ADDRESS | PHONE |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Early School Closing Instructions:

____ My child will be going home on the bus or with a friend on early closing days
____ My child will be going to Kids Co. on early closing days (kids will meet in the commons)

(OVER)

Medical Information:

Is your child/ren taking any medication? _____ Yes _____ No

If Yes, Child's Name _____ Medication _____

Child's Name _____ Medication _____

(If medication needs to be administered during Kid's Co. hours, please see the supervisor for a medical permission form!)

Does your child/ren have any Allergies that we should be aware of?

Child's Name _____ Allergy _____

Any instructions we need to know? _____

Child's Name _____ Allergy _____

Any instructions we need to know? _____

What is the status of your Child's/Children's Vision, Hearing, & Speech: _____

Are there any specific activities to be restricted: (Specify child's name) _____

Does your child/ren have any special diet, or are there certain foods that cannot be eaten for health reasons? (Specify child's name) _____

Any Additional Information

Parent Signature _____ Date _____