

**PERSONAL DATA SHEET**

Please Print Neatly

\_\_\_\_\_  
Child's Name

\_\_\_\_\_ M F  
Date of Birth Sex

\_\_\_\_\_  
Mom's/Guardian's Name SSN

\_\_\_\_\_  
Dad's/Guardian's Name SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, ZIP Code

\_\_\_\_\_  
City, ST, ZIP Code

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_ Which # do we call first?  
Cell Phone

\_\_\_\_\_ Which # do we call first?  
Cell Phone

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Does the child reside at this address? YES NO

Does the child reside at this address? YES NO

What days are you needing? Monday Tuesday Wednesday Thursday Friday

**EMERGENCY CONTACTS**

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Is this person authorized to pick up the child? YES NO

Is this person authorized to pick up the child? YES NO

## Others Authorized to Pick up the Child

1. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone # Address

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone # Address

3. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone # Address

## MEDICAL INFORMATION

\_\_\_\_\_  
Physician's Name and Phone # Hospital Name

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I also authorize for the Director or duly appointed representative to transport my child for said emergency medical treatment if necessary. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian Signature Date

Date went on waiting list: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Date withdrawn: \_\_\_\_\_