

Updated Information Sheet

Father's Name _____
Address _____
Phone #'s _____ (home) _____ (cell)
E-mail Address _____
Father's Place of Employment _____
Work Number _____ ext. _____
Driver's License # _____

Mother's Name _____
Address _____
Phone #'s _____ (home) _____ (cell)
E-mail Address _____
Mother's Place of Employment _____
Work Number _____ ext. _____
Driver's License # _____

Child's Name	DOB	Insurance	Member ID

Doctor's Name _____
Doctor's Phone Number _____

Emergency Contacts	Address	Phone #	Allowed to pickup
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pick up List-any additional people allowed to pick up at any time:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____