



Child's Name: _____ **Birthday:** ____/____/____ **M/F:** ____

Full/Part Time: _____ **For PT, Days Requested:** _____

Approximate Drop Off Time: _____ **Approximate Pick Up Time:** _____

Allergies: _____

Medication: _____

Parent/Guardian/Mother Name: _____ **Cell:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Does Child Live Here:** _____ **Y** _____ **N**

Home Phone: _____ **Employer:** _____

Employer's Address: _____

Work Phone: _____ **Preferred E-Mail:** _____

Parent/Guardian/Father Name: _____ **Cell:** _____

Address: (If Same as Above, Check Here): _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Does Child Live Here:** _____ **Y** _____ **N**

Home Phone: _____ **Employer:** _____

Employer's Address: _____

Work Phone: _____ **Preferred E-Mail:** _____

Names and Ages of Siblings: _____

What would you like us to know about your family and/or your child(ren): _____

Who to Contact in Case of an Illness/Emergency: (Please list in order of who you would like us to contact first)

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Primary Care Physician Name: _____

PCP Address: _____ **Phone:** _____

Preferred Hospital (In Case of an Emergency): _____

List ALL Persons Authorized to Pick Up Your Child: (At pick up, new faces will be asked to provide Driver's License)

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Parent's Printed Name: _____

Parent's Signature: _____

Today's Date: _____

Start Date: _____

Welcome to Premier Learning!!

We are excited to have you and your family be a part of our program!!