



Campbell Recreation Pre-School Child Information Form



CHILD'S INFORMATION:

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Child's First Name	Last Name	Preferred Name (if different) spoken written
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Gender	Birthdate (MM/DD/YY)	Home/Primary Phone Number
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Home Street Address	City	Zipcode
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Does the child speak English? If no, what language is spoken?

Please list any food allergies:

Allergic by:	Touch	Ingestion	Reaction to food allergen includes:	Hives	Anaphylactic
Allergic reaction treated with:	Benadryl	Epi Pen			

Doctor's Name: Doctor's Phone Number:

FAMILY INFORMATION:

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Parent/Guardian's Name	Parent/Guardian's Name
.....
Mobile Phone Number	Mobile Phone Number
.....
Work Phone Number	Work Phone Number
.....
Email Address	Email Address

Your name, phone number, and email address will be on the class contact list for your child's class (unless you opt out). Please check one phone number and one email above for the class contact list.

Child lives during the school week with (check all that apply): Mother Father Other:

Please list any custody arrangements our staff should be aware of:

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EMERGENCY CONTACTS (Other than parents/guardian):

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Day Care Provider (if applicable)	Phone Number	
.....	
Contact Name	Relationship	Phone Number
.....
Contact Name	Relationship	Phone Number

PLEASE LIST ANY ADDITIONAL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN THOSE ALREADY LISTED ON THIS FORM:

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Name	Relationship	Name	Relationship