

Kindergarten Only:
Student ID: _____

Location: _____ Room: _____
Start Date: _____
Registration Fee Paid- Y N
Circle: Check M.O. Cash
Receipt # _____

Merrillville Before/After School Day Care

Child information sheet

Child's Name _____ Child's Birthday _____
Address _____ City/Zip _____
Home Phone () _____ Ethnicity _____

Parent/Guardian #1

Parent/Guardian #2

Work Pl _____
Work # _____
Cell/Pager# _____

Work Pl _____
Work # _____
Cell/Pager# _____

Emergency Contacts:

The people listed in this section will be contacted in case of an emergency.

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Important Health Information/Food Allergies

Pick-Up List:

List the adults other than the parent/guardian(s) who may pick up this child.
