

Early Childhood Student Enrollment/ Emergency Information Card

Print clearly and completely fill out

Students Last name _____ First _____ Middle _____

Male or Female _____ Age _____ Birthdate _____

Parent/Guardian student lives with _____ Relationship _____

Mother/Guardian Name _____ Work Phone _____ Cell _____

Mother works at _____ Occupation _____

Father works at _____ Occupation _____

Lists any Health
Conditions/Allergies _____

Doctor Name and Number _____

(Fill out both sides)

**Telephone number of relatives and friends ALLOWED to pick up student if
parent/guardian cannot be reached**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

**Names of anyone NOT ALLOWED to pick your child up. Legal documents must be
on school file _____**

Signature of Parent/Guardian _____ Date _____