



Student Information Form

Child's Name: _____

Child's DOB : _____

Child's Address: _____

Parent's Name (this will be the first person we contact in case of emergency):

Parent Contact Number: _____

Parent Email: _____

Emergency Contact (seperate from the parent listed)

Name: _____

Phone: _____

Allergy information (Please list any allergies below):

Pediatrician Clinic: _____

Pediatrician Name: _____

Pediatrician Phone Number: _____

Are there any medical concerns that we should be aware of?:

Who will be picking up your child? (Please list all approved adults below)

Student Interests/Hobbies/Strengths (This helps us get to know them better!)

Additional Comments/Information
