

## Student Information Sheet

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

### Emergency Telephone numbers:

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

### Alternate persons to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Secondary phone number/email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Secondary phone number/ email: \_\_\_\_\_

### Alternate persons authorized to drop off and pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Secondary phone number/email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Secondary phone number/ email \_\_\_\_\_

### Health Insurance Information:

Name of Insurance

Co: \_\_\_\_\_ phone: \_\_\_\_\_

Name of person who carries the insurance: \_\_\_\_\_

Membership number: \_\_\_\_\_ Group number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Medicines/ foods/ substances child my child is allergic to:

\_\_\_\_\_

**In case of an emergency, I give my permission to The Green Preschool in Kailua to take my child to the nearest hospital emergency room or call another physician in case my child's physician cannot be contacted.**

Parent's

signature: \_\_\_\_\_ Date \_\_\_\_\_