



STUDENT INFORMATION SHEET

Child's Name: _____ Date of Birth: _____

Home Address: _____

EMERGENCY CONTACT

Parent

Name: _____

Work#: _____

Mobile#: _____

Home#: _____

Email: _____

Parent

Name: _____

Work#: _____

Mobile#: _____

Home#: _____

Email: _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Primary#: _____ Email: _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Primary#: _____ Email: _____

ALTERNATE PERSON AUTHORIZED TO DROP OFF & PICK UP CHILD

Name: _____ Relationship: _____

Address: _____

Primary#: _____ Email: _____

CHILD'S NAME

HEALTH INSURANCE INFORMATION

Name of Insurance Co: _____ Phone#: _____

Name of Person Insured: _____

Membership Number: _____ Group#: _____

Child's Physician: _____ Phone#: _____

Office Address: _____

ALLERGIES

Substances: _____

Food: _____

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 listed physician cannot be contacted.

Parent's Signature: _____ Date: _____

