



Today's Date: _____

Adults' Names (Please list each individual visiting)

Cell Phone

Room #

Children's Names

Grade

Birthdate

Room #

1) _____ / ____ / ____ _____

Any allergies, special needs or medical conditions we should know to help us care for your child

2) _____ / ____ / ____ _____

Any allergies, special needs or medical conditions we should know to help us care for your child

3) _____ / ____ / ____ _____

Any allergies, special needs or medical conditions we should know to help us care for your child

4) _____ / ____ / ____ _____

Any allergies, special needs or medical conditions we should know to help us care for your child

Address _____ Apt. _____

City _____ State _____ Zip _____

Email (please print): _____

Unless otherwise told, we will allow either parent to pick up your child from the Preschool or Children's classes. You may want to arrange a meeting spot for your student (grade 6-12). If there is anyone who should NOT have access to your child please list the name(s) below.

Welcome Center: Please make copies of this form and take to each class the family is visiting in.

If there is any other information we need to know, please use the back of this sheet and check the box so we know to look on the back.

