



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

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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.*

