

## Student Information Form

*\*\* (must be received by Kids Zone staff before or on the first day of the program) \*\**

Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have a sibling currently enrolled in a Kids Zone Program? YES/NO

What Track is your child on? \_\_\_\_\_

Name of School: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian's Name: \_\_\_\_\_ ☐ *contact first*

Parent/Guardian's home address (if different): \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work phone: \_\_\_\_\_

Parent/Guardian's work name: \_\_\_\_\_

Parent/Guardian's work address: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ ☐ *contact first*

Parent/Guardian's home address (if different): \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work phone: \_\_\_\_\_

Parent/Guardian's work name: \_\_\_\_\_

Parent/Guardian's work address: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

## **Health History**

Child's Name:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/guardian's name

\_\_\_\_\_

Occupation: \_\_\_\_\_ Work address: \_\_\_\_\_

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

Father/guardian's name

\_\_\_\_\_

Occupation: \_\_\_\_\_ Work address: \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Does your child have any special medical conditions (diabetes, seizures, asthma, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? (Please include both food and medication allergies).

\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize Kids Zone staff or emergency first responders to act for me according to their best judgment in any emergency requiring medical or dental attention.*

\_\_\_\_\_  
**Parent's signature**

\_\_\_\_\_  
**Date**

## **Emergency Contact**

(Note: your emergency contact should live within 25 miles of the school your child attends class at. If your child requires an inhaler or special medication, and it is difficult for you to make yourself available, your emergency contact is the person you will leave these items with).

### *Emergency Contact #1*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_

### *Emergency Contact #2*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_

### *Emergency Contact #3*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_

\*Kids Zone staff will always try to contact a parent first. In the case that contact cannot be made staff will contact the emergency contact.

## Authorization to Pick Up

I grant permission for the following individuals to pick up my child from the Kids Zone Program.

Parent/Guardian signature:

\_\_\_\_\_

Name:

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

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_ *is this person an emergency contact? YES / NO*

Name:

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

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_ *Is this person an emergency contact? YES / NO*

Name:

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

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work phone: \_\_\_\_\_ *Is this person an emergency contact? YES / NO*

*NOTE: Only people listed on this sheet will be authorized to pick up your child. Additional sheets may be attached if necessary.*