



Choose Day of Week and Class _____

Child's Name _____
Date of Birth _____
Teachers' Name _____

Parent #1:
Name _____

Home Phone # _____
Cell Phone # _____ Work # _____
Email Address _____

Parent #2:
Name _____
Home Phone # _____
Cell Phone # _____ Work # _____
Email Address _____

Pediatrician Name and
Number _____

Emergency Contacts: Name/phone numbers:

Known Allergies/Medical
Conditions: _____

Medications

Pick-Up Authorization

We are required to have a list of all people who have permission to pick up your children from ContactPoint, L5P. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child, _____, has permission to be picked up by the following people from ContactPoint L5P I acknowledge, and will inform each person listed below, that my child must be **signed out** and escorted from ContactPoint, L5P facility by an authorized person. I/we have never met that person will be asked to prove identity.

Signature of Parent or Guardian

Date

1. _____

Name/phone number/relationship to child

2. _____

Name/phone number/relationship to child

This is NOT a licensed day care facility; the ContactPoint is an exempted program for sports and arts.