



children's
workshop

Building Better Kids

Student Information Form

1. Child's Name _____ Nickname _____
Last First

Birthdate _____

2. Home Address _____ Home Phone _____
Street Number

City Zip Code

3. Father _____ Home Phone _____

Home Address _____ Cellular Phone _____
Street Number

City Zip Code

Email Address _____

Business Name _____ Business Phone _____

Business Address _____ Work Hours _____
Street Number

City Zip Code

4. Mother _____ Home Phone _____

Home Address _____ Cellular Phone _____
Street Number

City Zip Code

Email address _____

Business Name _____ Business Phone _____

Business Address _____ Work Hours _____
Street Number

City Zip Code

5. Siblings (Names and Birthdates) _____

Date of tetanus and diphtheria vaccination (TD) _____

6. Person other than parent to be notified and released to in emergency situation, when parent not available:

Name _____ Home Phone _____

Home Address _____ Cellular Phone _____
Street Number

City Zip Code

*****Please fill in all spaces: if not applicable, please draw a line through the blank*****



Building Better Kids

Student Information Form (cont.)

7. Names of persons other than parent to whom child may be released _____

Babysitter Name _____ Babysitter Phone Number _____

Grandparent's Names _____ Grandparent's Phone Number _____

8. I hereby give permission to Children's Workshop, licensed by the Department of Consumer & Industry Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child(ren) while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Parents Signature _____

9. Child's Physician _____ Phone _____

Physician's Address _____

Hospital preferred for emergency treatment _____

10. Child's allergies (including food, drug, seasonal, animal, asthma, eczema and any other) _____

11. Health Insurance Policy Name _____ Policy Number _____

12. Children in the Preschool 3's and 4's Program participate in local fieldtrips. Advance notice of fieldtrips is given to parents.

I hereby give permission for my child to be transported in a vehicle and/or to participate in fieldtrips with Children's Workshop.
Parent's Signature _____

13. Every year, Children's Workshop prints a directory for distribution to our families. This directory is not to be used for business purposes. I hereby give permission to Children's Workshop to include my family's name, address and phone number in the Children's Workshop directory.

Parent's Signature _____

14. Children's Workshop posts pictures of classroom activities and special events on our website. I hereby give permission to Children's Workshop to post my child's pictures on their website at www.childrensworkshopgr.org.

Parent's Signature _____

15. Children's Workshop encourages parent participation in our program. If you are willing to share with the children a hobby, your profession, nationality information, or other special interests and skills, please list them below.

Thank you!!!

*****Please fill in all spaces: if not applicable, please draw a line through the blank*****