

# Child Information Form

Child's name:  
(last, first)

Nickname:  
(if preferred to be used)

Birthdate:  
(month/day/year)

List any allergies/information we  
need to know about your child:

Parent/legal guardian:  
(name of adult/phone number)

Other authorized persons to  
pick up your child from class:

Do you give permission for your  
child to be photographed for  
display and/or publications?

\_\_\_ I do

\_\_\_ I do not

Date:

Information given by:  
(name of adult/relationship)

Mailing address:

Additional information: