

# CHILD FILE UPDATE

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School Year: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require:

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

Allergies \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

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## Emergency Contacts & Authorized pickup persons (list in the order you want us to call 1<sup>st</sup>)

**1. Contact/Pickup Name** \_\_\_\_\_ **2. Contact/Pickup Name** \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**3. Contact/Pickup Name** \_\_\_\_\_ **4. Contact/Pickup Name** \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is there any persons that should NEVER pick up your child? \_\_\_\_\_

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I swear to the best of my knowledge all information listed is true and correct. I do understand that tuition is DUE ON MONDAY in advance for child care. If I am unable to pay I will leave a check in an envelope with a message when that check can be deposited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_