

Child/Parent Information

Today's Date _____

Child's name _____

Date of birth _____ / _____ / _____ Age _____ Sex _____

Address _____

Phone # _____

Mother's Name _____ Tel# _____

Place of Employment _____ Tel# _____

Work Address _____

Father's Name _____ Tel# _____

Place of Employment _____ Tel# _____

Work Address _____

Are the parent's _____ together _____ divorced _____ separated

Legal Guardians Name _____ Tel# _____

Place of Employment _____ Tel# _____

Address _____

Who has legal custody? _____

Is there a court order? _____ yes _____ no, if yes, we will need a copy for our files.

Is anyone denied visitation or contact with the child through a court order? _____

If yes please indicate who _____

E-mail _____

Child Emergency Information

Today's Date _____

Child's Name _____ DOB _____

Child's Pediatrician _____

Address _____

Phone # _____

Does your child have any medical conditions? _____ If yes explain:

AUTHORIZED DROP OFF AND PICK UP

Please write any person outside of you who is authorized to drop off and pick up your child. If someone tries to pick up your child and your name does not appear on this list, your child will not be released.

NAME	RELATION TO CHILD	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS:

List in order of preference any person who will be called in case of an emergency other than you.

NAME	RELATION TO CHILD	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____



EMERGENCY RELEASE FORM

This is to certify that in the event of an accident or illness while my child is enrolled at Howley School to transport my child to

HOSPITAL _____

By signing below, I hereby constitute an appoint Howley School, my true and lawful attorney, for the purpose of authorizing medical treatment to, and performance of any procedure determined to be necessary after consultation with emergency of family physician, for my child.

Child's Name _____ **Dob** _____

Parent / Legal Guardian _____ **Signature** _____

Date _____

Meal Form

Date _____

I have been notified upon registration that NO meals are provided by Howley School LLC but may be available at other centers.

I, _____ Parent/Legal Guardian

of _____ will provide my child with lunch and snack.

I will provide my child breakfast at home.

Parent or Legal Guardian Signature _____

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FIRST DAY

WHAT WILL YOU NEED TO BRING THE FIRST DAY?

CRIB SIZE SHEET AND SMALL BLANKET

We supply a sleeping mat for your child's use only. Supply **a crib size sheet and baby blanket.**

Please **do not** send a **"Twin"** sheet or blanket as it is too large for the mat and takes up

Too much room in their cubby.

SMALL CANVAS BAG

To store the child's sleeping items.

CLOTHING

Weather appropriate change of clothes to be left at school

With 2 pairs of socks and underwear.

FAMILY PHOTOS

To be placed in their cubby for a feeling of security.

LUNCH

Lunch is required daily consisting of a sandwich, 2 100% juices, and 2 healthy snacks.