



New Student Form

Child's Name: _____ Birthday: _____

Classroom: _____ Start Date: _____

Schedule Days: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

Estimated Drop-off: _____

Estimated Pick-up: _____

Nutrition Restrictions: _____

Allergies: _____

Field Trip Restrictions: _____

Emergency Contact Information:

Parent Name: _____ Phone: _____

Company Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Company Name: _____ Phone: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Person(s) Allowed to Pick-up: _____

Person(s) Not Allowed to Pick-up: _____

By signing the bottom of this page, I verify that all above listed information is correct.
Information may be updated as needed.

Parent: _____ Date: _____