

Reggio Emilia Multilingual Preschool Academy

Child & Parent Information Sheet

Child's Name: _____

Date of Birth: _____

Home Address: _____

Mother: _____ DOB: _____ DL#: _____ State: _____ E-mail: _____ Address: _____ Cell Phone: _____ Carrier: _____ Employer: _____ Work Phone: _____ Home Phone: _____	Father: _____ DOB: _____ DL#: _____ State: _____ Email: _____ Address: _____ Cell Phone: _____ Carrier: _____ Employer: _____ Work Phone: _____ Home Phone: _____
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Emergency Contacts

In the event that parent(s) cannot be reached, the following people will be called in the order listed, to pick your child up.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I only authorize the following person(s) to pick up my child:

(1) _____ Phone: _____

(2) _____ Phone: _____

(3) _____ Phone: _____

(4) _____ Phone: _____

Signature

Printed Name

Date