

**Mushroom Family Learning Center
Information/Emergency Form**

Class Enrolled for Sept. 2012-2013

(PLEASE PRINT CLEARLY)

Child's Name

(Last) _____ (First) _____ (MI) _____

Birthdate _____

PLACE PHOTO HERE

Address – Street, City, Zip

Mother's Name

Father's Name

Address

Address

Home #

Home #

Cell #

Cell #

Work #

Work #

Email

Email

Employer/Occupation

Employer/Occupation

Name(s)/Phone number(s) of additional caregivers for child

Child's previous school(s) attended

Names/Ages of other children in your family

Child's Physician and Phone Number

List any considerations, medical or otherwise, concerning your child

List all allergies including FOOD and drug allergies

List previous accidents or hospitalizations

List all medications and reasons for taking them

Persons to be reached in case of illness or an emergency during school hours during school hours in the absence of the parents

Person #1

Person #2

Address

Address

Home #

Home #

Cell #

Cell #

Additional Information:

Does your child have any special needs? _____

Please list any services you are receiving from agencies for your child. _____

What are your expectations of how attending MFLC will help your child? _____

IT IS IMPORTANT THAT THE INFORMATION REQUESTED ON THIS FORM BE UP TO DATE. PLEASE NOTIFY US OF ANY CHANGES IMMEDIATELY.

Signature of Parent/Guardian

Date
