





Last \_\_\_\_\_

Middle \_\_\_\_\_

First \_\_\_\_\_

Nickname \_\_\_\_\_

How did you hear about us?

- Referral       Phone Book       Drive by  
 Newspaper       Other \_\_\_\_\_

DOB \_\_\_\_\_ SEX \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_

Name of Ins. Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Elementary School \_\_\_\_\_

Authorization for emergency medical care in case of accident or illness if parent cannot be reached. Permission to go on all field trips and school functions.

Parent/Guardian's Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Permission for my child's photographs to be used for advertising and/or promotions of PLANET KIDS. YES signature \_\_\_\_\_ NO signature \_\_\_\_\_

# MEDICAL ALERT

Fam. Dr./Ped \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Numbers - (also authorized to pick up child)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*In Case of Emergency call 1st: \_\_\_\_\_

Child lives with:     Both Parents     Shared Custody  
                           Dad                     Mom                     Other \_\_\_\_\_

SPECIAL INFORMATION: \_\_\_\_\_

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

ALLERGIES: \_\_\_\_\_

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