

Kinder Haus -- Parent Information Sheet

Child's Name _____ Home Phone # _____
Full Address _____
Social Security # _____ Birthday _____
Start Date _____

Mother's Name _____ Social Security # _____
Full Home Address _____ Home Phone # _____
Place of Employment _____ Cell Phone _____
Work address _____ Work # _____
Email address _____

Father's Name _____ Social Security # _____
Full Home Address _____ Home Phone # _____
Place of Employment _____ Cell Phone _____
Work address _____ Work # _____
Email address _____

Parent's Marital Status _____ Child lives with _____
Child's Class _____ **Attendance Times/ Days** _____

Emergency Contacts

Whom should we contact first in case of emergency?

Name _____ Phone # _____ Cell # _____

Other Emergency contacts

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Medical

Known allergies _____

Prescribed Medication (to be dispensed at school) _____

(a doctor's note is required for the child's file prior to medications being administered)

Yes ___ / ___ No ___ Kinder Haus may apply "Skintastic" to MY CHILD'S SKIN to avoid bug bites.

Yes ___ No ___ My child is allergic to peanuts, peanut oil, peanut butter, etc.

Parent's Signature

Date