



Child's Name: _____ DOB: _____ School: _____

Child's Name: _____ DOB: _____ School: _____

Child's Name: _____ DOB: _____ School: _____

Address: _____

City: _____ Zip: _____

*****EMERGENCY INFORMATION*****

Moms Name: _____ Cell Phone #: _____

Place of Work: _____ Work #: _____

Dads Name: _____ Cell phone #: _____

Place of Work: _____ Work #: _____

Pediatrician Name: _____ Phone #: _____

Who can we contact in case we can't reach a parent in the event of an emergency?

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Medical Information

Serious illness? _____

Medical conditions under treatment? _____

Any permanent disability? _____

Seizures? _____

Medication we will administer daily? _____

How did you hear about us? _____

I understand the rules and requirements of ALL children while at Jellybeans. I will explain these rules and requirements to my child. I understand that I am financially responsible for all fees and will pay them in a timely manner. I understand that if my child does not attend the days that I have stated that I will be charged for those days. I understand if someone that is not stated above is picking up my child I must call in advance.

Parent or Guardian Signature