



The Child Development Program at Taft

Classroom Information

Child's name _____ Birthdate ____/____/____

Address: _____ Town: _____ Zip: _____

Mom's First name: _____ Dad's First Name: _____

Siblings (including birthdates): _____

Pets: _____

Mom's Home Phone: _____

Mom's Work Phone: _____ (this needs to be a number where someone can reach you immediately)

Mom's Place of Employment: _____

Work Address: _____ Town: _____ Zip: _____

Mom's Cell Phone: _____

Dad's Home Phone: _____

Dad's Work Phone: _____ (this needs to be a number where someone can reach you immediately)

Dad's Place of Employment: _____

Work Address: _____ Town: _____ Zip: _____

Dad's Cell Phone: _____

Allergies (BE VERY SPECIFIC AS TO WHAT YOUR CHILD CAN AND CANNOT EAT): _____

Permission to Release Child To:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
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Do we have permission to take your child on walking excursions to the Taft campus for both enrichment and enjoyment? _____

Do we have permission to take your child's photo for newspaper and media?

Parent Signature _____ Date: ____/____/____