

Expressive Beginnings
Room Information Sheet

Child's Name: _____ Date of birth: _____ Sex: _____

Address: _____ Home Phone: _____

Father's Name: _____ Employer: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Child's Doctor: _____ Doctor's Phone: _____

Password: _____ for phoning in different pick up person(s)

In case of **emergency**, notify:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person's authorized to pick up child:

On-going medications:

Food Allergies (these must also be documented on your child's medical form):

Comments regarding your child (is there anything else you would like us to know?):

I agree that in the case of accident or injury, emergency medical, dental and/or surgical care and transportation may be given in the event that I (or persons designated) cannot be reached.

Parent Signature: _____ Date: _____