PERSONAL INFORMATION

CHILD’S NAME: _____________________________________________________  AGE: _________________

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT #1: ________________________________________________

PREFERRED PHONE NUMBER: ________________________  □Cell  □Home  □Work
SECONDARY PHONE NUMBER: ________________________  □Cell  □Home  □Work
RELATIONSHIP TO CHILD: ____________________________________

EMERGENCY CONTACT #2: ________________________________________________

PREFERREDPHONE NUMBER: ________________________  □Cell  □Home  □Work
SECONDARY PHONE NUMBER: ________________________  □Cell  □Home  □Work
RELATIONSHIP TO CHILD: ____________________________________

PHYSICIAN’S NAME ____________________________________________________

PHYSICIAN’S PHONE NUMBER: _________________________________________

PLEASE LIST THE NAMES OF PEOPLE AUTHORIZED TO PICK UP YOUR CHILD

If you wish for your child to walk home, you must give written permission to Education Coordinator, Amy

PLEASE LIST ANY ALLERGIES AND/OR MEDICAL CONDITIONS

If your child has a severe allergy, you must fill out the Severe Food Allergy Questionnaire with Education Coordinator, Amy

I GIVE PERMISSION FOR MY CHILD’S PICTURE TO BE TAKEN FOR USE IN SARATOGA ARTS’ PROMOTIONS AND PUBLICITY

□ YES  □ NO