

Child Enrollment & Contact Information

Child's Full Name: _____

Date of Birth: _____ Gender: Male / Female / Other

Home Address: _____

City, State, ZIP: _____

Parent/Guardian 1

Name: _____

Relationship to Child: _____

Phone (Cell): _____ Phone (Work/Home): _____

Email Address: _____

Parent/Guardian 2

Name: _____

Relationship to Child: _____

Phone (Cell): _____ Phone (Work/Home): _____

Email Address: _____

Emergency Contact (Other than Parents)

Name: _____

Phone: _____ Relationship to Child: _____

Authorized Pick-Up Persons

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Only the individuals listed above will be allowed to pick up your child without written consent. Photo ID is required.

Additional Information

Primary Language Spoken at Home: _____

Allergies (if any): _____

Medications Taken Regularly: _____

Special Needs or Medical Conditions: _____

Parent Signature

I certify that the information provided above is accurate and complete. I agree to inform My Piccolo Mondo of any updates.

Parent/Guardian Signature: _____

Date: _____