

Learning Land  
Student Information Sheet

1. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ work phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ work phone \_\_\_\_\_

Days child will be in our care \_\_\_\_\_

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2. Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

phone \_\_\_\_\_ cell phone \_\_\_\_\_ other \_\_\_\_\_

Is this person authorized to take the child from the center? \_\_\_\_\_

**List all other adults who are authorized to take the child from the center:**

Name \_\_\_\_\_ relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ number \_\_\_\_\_

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3. Medical Information

Child's physician \_\_\_\_\_ phone \_\_\_\_\_

Child's emergency treatment facility \_\_\_\_\_ phone \_\_\_\_\_

