

# Class Act Kids



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Child's Name

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Grade: \_\_\_

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Parent / Legal Guardian's Name

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Address City State Zip

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Phone # Email

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Emergency Contact Phone #

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The above individuals are authorized to pick up my child.

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Teacher Extended Day Y N

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Please list any medical conditions / allergies that your child has.

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Parent / Legal Guardian's Signature Date