

WELCOME!

Today's Date: _____

We are so glad you and your family are here today. Please complete the following information to ensure that we provide your child with the best caretaking experience here at Crossview. Please be sure to include any allergies and/or any special accommodations your child(ren) have. We look forward to serving you!



Mother's Name: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____



Father's Name: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____

Who is authorized to pick up your child? _____



Child's Name: _____ Birth date: _____ Grade: _____

Allergy Notes: _____

Medical Notes: _____



Child's Name: _____ Birth date: _____ Grade: _____

Allergy Notes: _____

Medical Notes: _____



Child's Name: _____ Birth date: _____ Grade: _____

Allergy Notes: _____

Medical Notes: _____



Child's Name: _____ Birth date: _____ Grade: _____

Allergy Notes: _____

Medical Notes: _____