



**Child's Name:** \_\_\_\_\_

| <b>CHILD MAINTENANCE</b>  |                |                     |                   |
|---|----------------|---------------------|-------------------|
| CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER   |                |                     |                   |
| CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER        |                |                     |                   |
| <b>THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:</b>   |                |                     |                   |
| <u>NAME</u>   | <u>ADDRESS</u> | <u>RELATIONSHIP</u> | <u>CELL PHONE</u> |
| 1.  |                |                     |                   |
| 2.  |                |                     |                   |
| 3.  |                |                     |                   |
| 4.  |                |                     |                   |
| <b>CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):</b> _____  |                |                     |                   |
| DATE OF LAST FULL HEALTH SCREENING: _____   |                | PHONE: (    ) _____ |                   |
| <b>MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):</b>  |                |                     |                   |
|   |                |                     |                   |
|   |                |                     |                   |
| <b>THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:</b>                                       |                |                     |                   |
|   |                |                     |                   |
|   |                |                     |                   |
| <b>MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:</b> |                |                     |                   |
|   |                |                     |                   |
|   |                |                     |                   |