Kids Like Us Community Learning Center Inc.

Child's Printed Name: _____

ALLERGIES & MEDICATIONS

Allergies (if no known allergies, please write NONE): _____

_____

_____

_____

EMERGENCY CONTACTS

Name: _____Phone #: _(____)_____

Name: _____Phone #: _(____)_____

APPROVED PICK-UP LIST

Name: _____Phone #: _(____)_____

Name: _____Phone #: _(____)_____

Name: _____Phone #: _(____)_____

Name: _____Phone #: _(____)_____

_____

Printed Name of Parent / Guardian Filling Out

_____ _____

Signature of Parent / Guardian Filling Out Form **Date/Time**

_____ _____

Signature of KLU Witness **Date/Time**