|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Up to Date Information | | | | | | | | | |
| **Please take a moment to update *any* information for your child’s file.** | | | | | | | | | |
|  | | |  |  | | | | |
| Child’s Name | | |  | Date of Birth | | | | |
|  | | |  |  | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | |
|  |  |  |  |  | | |  |  | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | |
|  | | |  |  | | | | | |
| Address | | |  | Address | | | | | |
|  | | |  |  | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | |
|  | | |  |  | | | | | |
| Alternative Contacts | | | | | | | | | |
| \*These alternative contacts will be included as an addition to the previous contacts listed on your child’s emergency card. \* | | | | | | | | | |
|  | | |  |  | | | | | |
| Emergency Contact | | |  | Emergency Contact | | | | | |
|  |  |  |  |  | | |  |  | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | |
|  | | |  |  | | | | | |
| Address | | |  | Address | | | | | |
|  | | |  |  | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | |
|  | | |  |  | | | | | |
| Medical Information | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | |  |  | | | |
| Physician’s Name | | | | |  | Phone Number | | | |
|  | | | | |  |  | | | |
| Medical Insurance Type | | | | |  | Policy Number | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | |
|  | | | | |  |  | | | |
| Staff Signature | | | | |  | Date | | | |



|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nuevo Información | | | | | | | | | |
| **Por favor escribe cualquier información hasta la fecha.** | | | | | | | | | |
|  | | |  |  | | | | |
| Nombre de hijo/a | | |  | Fecha de Nacimiento | | | | |
|  | | |  |  | | | | | |
| Nombre de Padres/Guardián | | |  | Nombre de Padres/ Guardián | | | | | |
|  |  |  |  |  | | |  |  | |
| Numero de Teléfono de casa |  | Numero de Teléfono de trabajo |  | Numero de Teléfono de casa | | |  | Numero de Teléfono de trabajo | |
|  | | |  |  | | | | | |
| Dirección | | |  | Dirección | | | | | |
|  | | |  |  | | | | | |
| Ciudad, Estado POSTAL | | |  | Ciudad, Estado POSTAL | | | | | |
|  | | |  |  | | | | | |
| Otro Personas para Emergencia | | | | | | | | | |
| \*Estas personas incluirán en tarjeta de emergencia en clase de tu hijo(a). \* | | | | | | | | | |
|  | | |  |  | | | | | |
| Contacto de Emergencia | | |  | Contacto de Emergencia | | | | | |
|  |  |  |  |  | | |  |  | |
| Número de Teléfono de casa |  | Número de Teléfono de trabajo |  | Número de Teléfono de casa | | |  | Número de Teléfono de trabajo | |
|  | | |  |  | | | | | |
| Dirección | | |  | Dirección | | | | | |
|  | | |  |  | | | | | |
| Ciudad, Estado POSTAL | | |  | Ciudad, Estado POSTAL | | | | | |
|  | | |  |  | | | | | |
| Información Medico | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | |  |  | | | |
| Nombre de Doctor | | | | |  | Teléfono de Doctor | | | |
|  | | | | |  |  | | | |
| Seguro Medico | | | | |  | Numero de Póliza | | | |
|  | | | | | | | | | |
| La Firma de Padres/Guardián | | | | |  | Fecha | | | |
|  | | | | |  |  | | | |
| La Firma de Personal | | | | |  | Fecha | | | |