

School Age Personal Care Information



Please fill out the following information regarding your child's medical and social history so that we may better serve you and your child.

Child's Name: _____ Date: _____

Child's Birthdate: _____ Age: _____

Parents/Guardians: _____

SCHOOL INFORMATION

School child attends: _____ Current Grade Level: _____

Time child leaves for school from our center (bus pick-up time): _____

Time child returns to our center (bus drop-off time): _____

Will your child be absent from our center on any specific dates? _____ Yes _____ No

Please specify days (after school activities, etc.): _____

If your child does not arrive and caregiver has not been informed, please notify (if parents cannot be reached):

Name: _____ Phone #: _____

Complete Address: _____

TRANSPORTATION

How will your child be transported to and from our center? _____

Who is legally responsible for transporting your child to and from school? _____

Schedule of Arrival/Departure Times:

Day	In	Out	In	Out
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Celebration! Childcare is responsible for children who have been released from the bus into the custody of our center personnel.

I give consent to release my child to leave Celebration! Childcare to travel to the school specified above and to accept our child from the bus from the specified school.

Parent Signature: _____ Date: _____