



# Parent Information Sheet & Schedule

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

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status: \_\_\_\_\_ Custody: \_\_\_\_\_

How would you like your mailing label addressed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency: Medical Plan Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Child \_\_\_\_\_

### Anticipated Attendance Times:

Monday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Tuesday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Wednesday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Thursday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Friday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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