

**Calvary Baptist Community Center, Inc. – Pre School**

575 East 18<sup>th</sup> Street, Paterson, NJ 07514

***Student Information Data Sheet***

Teacher's Name: \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**Three Authorized Persons to pick up child from Center: (No person under the age of 18)**

**(When entering the building and picking up the child proper ID must be shown to Teacher)**

1. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Parent Work or School Information***

Place of Employment / School \_\_\_\_\_

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

Supervisor/Instructor: \_\_\_\_\_ Phone # \_\_\_\_\_

***Emergency Contact***

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

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Allergies or Medical Problems: \_\_\_\_\_

**(Doctor's Note must be attached)**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**May we contact you on by using the REMIND text application**

Yes  No if yes, at what number \_\_\_\_\_