



Phoenix Academy OF ART & SCIENCE

Child Watch
(One per Family)

Child Information

1st Child First and Last Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female Age: ____ Grade: _____ Allergies: _____

List any existing medical conditions, medication and/or special attention your child may require:

2nd Child First and Last Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female Age: ____ Grade: _____ Allergies: _____

List any existing medical conditions, medication and/or special attention your child may require:

3rd Child First and Last Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female Age: ____ Grade: _____ Allergies: _____

List any existing medical conditions, medication and/or special attention your child may require:

4th Child First and Last Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female Age: ____ Grade: _____ Allergies: _____

List any existing medical conditions, medication and/or special attention your child may require:

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Phone: _____ Work Phone: _____ Best phone number to reach you: _____

Custodial Parent (If married, mark both)

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Phone: _____ Work Phone: _____ Best phone number to reach you: _____

Custodial Parent (If married, mark both)

Authorized Pick-up Persons & Emergency Contacts

1st Contact/pickup

Name: _____ Phone: _____ Relationship to Child: _____

Able to pick up all children in the family. Not able to pick up the following: _____

2nd Contact/pickup

Name: _____ Phone: _____ Relationship to Child: _____

Able to pick up all children in the family. Not able to pick up the following: _____

3rd Contact/pickup

Name: _____ Phone: _____ Relationship to Child: _____

Able to pick up all children in the family. Not able to pick up the following: _____

4th Contact/pickup

Name: _____ Phone: _____ Relationship to Child: _____

Able to pick up all children in the family. Not able to pick up the following: _____

In case of a serious accident/injury/illness, I hereby authorize the staff of Phoenix Academy to call 911 BEFORE notifying me and to administer necessary first aid. If an ambulance is necessary, I understand that Phoenix Academy will not be held responsible for any costs that may be incurred.

Parent/Guardian Signature: _____ Date: _____

Please indicate the name and email address of the person(s) responsible for the tuition. Invoices will be emailed.

Name: _____ Email: _____

Name: _____ Email: _____

What is your anticipated drop off and pick up time: _____

Additional Comments & Information:

Is there any other information that would be helpful to our staff?

Signature:

Parent's Signature: _____ Date: _____

Thank you!