



"We Care For Your Children  
As If They Were Our Own"

## Student Information Sheet

<i>Child's Information</i>				
<b>Child's Name:</b>				
_____				
<small>Last Name</small>		<small>First Name</small>		<small>Middle Name</small>
<b>Date of Birth</b> (mm/dd/yyyy):			<b>Age:</b>	<b>Gender:</b>
____/____/____			_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address:</b>	<b>Apt:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
_____	_____	_____	_____	_____

<i>Critical Information</i>
Allergies/medical conditions please list down below
1. _____
2. _____
3. _____
Any additional information you would like us to know?
_____
_____
_____

