



# Family KidSafe Information Form 2020

Date \_\_\_\_\_

Parent/Guardian's First & Last Name

Best Contact Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

**Best Number to contact you while your child is in our care:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

Zip

Child's First and Last Name

Birth Date

Boy

Girl

Grade

m/d/y

1. \_\_\_\_\_ B G \_\_\_\_\_

2. \_\_\_\_\_ B G \_\_\_\_\_

3. \_\_\_\_\_ B G \_\_\_\_\_

4. \_\_\_\_\_ B G \_\_\_\_\_

5. \_\_\_\_\_ B G \_\_\_\_\_

List any medical concern/allergies/restrictions for each child that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your child/children be photographed or be on video? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\*If your child is in Birth -2nd grade\*\***

Please list child/children's names & all people who you anticipate will be picking up your child/children.

\_\_\_\_\_  
\_\_\_\_\_