



CITY OF FALLS CHURCH

Student Information Form

Name _____ Date of Birth _____

Parents/Sponsors _____

Address _____

Telephone Numbers:

Home _____ Work _____ Cell _____

Family Information _____

Allergies or Intolerance to Food, Medication, etc _____

Special words used at home _____

Concerns/Fears/Needs _____

Other Information _____

Do's/ Don'ts _____

Comments _____

Person(s) Authorized To Pick Up Child _____

Person(s) NOT Authorized to Pick Up Child _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*Note: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact.

Previous Child Day Care Programs and Schools Attended _____

If Child Attends this Center and Another School/Program, Give Name and School/Program

Your Expectations For the School Year _____
