HYPOLUXO BAPTIST PRE-SCHOOL & DAY CARE
7479 OVERLOOK ROAD
LANTANA, FLORIDA 33462

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment_____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Family Information: Child Lives With: ___Mother ___Father ___Both Other: _____

Mother's Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Social Security #: _____
Employer: _____
Work Phone: _____

Father's Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Social Security #: _____
Employer: _____
Work Phone: _____

Custody: ___Mother ___Father ___Both/Joint Other: _____

Medical Information:
I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____
Doctor: _____ Phone: _____
Hospital Preference: _____
Please list any special medical and/or dietary needs, areas of concern, and **ALLERGIES**:

_____

_____

Contacts:
Your child will be **released only to the custodial parent or legal guardian and those persons you list below**. The following people will **also be contacted**, and are **authorized to remove** your child from the facility in the **case of illness, accident, injury or emergency, if the custodial parent or legal guardian cannot be reached:**

Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship