



CHILD INFORMATION FORM

This information will be considered valid September 5, 2025 – August 21, 2026.

Any changes must be submitted in writing. PLEASE WRITE LEGIBLY.

CHILD'S NAME _____

ADDRESS _____

BIRTHDATE _____ AGE _____ GENDER _____

PARENT/GUARDIAN #1 _____

PARENT #1 ADDRESS _____

(complete address if different from child's)

PARENT #1 E-MAIL ADDRESS _____

PARENT #1 PHONE # (CELL) _____ (HOME) _____

PARENT #1 EMPLOYER _____ (WORK PHONE) _____

PARENT/GUARDIAN #2 _____

PARENT #2 ADDRESS _____

(complete address if different from child's)

PARENT #2 E-MAIL ADDRESS _____

PARENT #2 PHONE # (CELL) _____ (HOME) _____

PARENT #1 EMPLOYER _____ (WORK PHONE) _____

Preferred Parent to Contact:

Who should we contact first in case of injury or emergency?

Preferred Method of Contact: Email ☐ Brightwheel ☐ Phone Call ☐ All Three ☐

(OVER)

Unless changed in writing, the following persons are authorized to pick up my child any time between September 5, 2025, and August 21, 2026. If a parent cannot be reached during an emergency or parents contacted to pick up a sick child cannot arrive within 90 minutes, MMO may contact the person(s) listed below to pick up my child. In the event that my child is still at MMO after the center closes and a parent cannot be reached, MMO may contact the persons below to pick up my child.

You must list at least one person.

PERSON 1 _____ PHONE _____

ADDRESS _____ RELATION _____

PERSON 2 _____ PHONE _____

ADDRESS _____ RELATION _____

<u>Medical Consents</u>	<u>Initials</u>
In case of a medical emergency I permit the transportation of my child to a local hospital, if necessary by paramedics or other emergency personnel.	
In case of a medical emergency I agree that my child may receive first aid and/or CPR.	
I agree to provide information to MMO about my child's conditions, illnesses, allergies or other needs.	
If my child becomes ill with a reportable contagious disease (http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf), I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
If my child becomes ill while at MMO, I will be contacted to pick up my child. I will arrange for pick up as soon as possible. If I cannot be reached, MMO will contact my authorized emergency contacts.	

Does your child have any conditions which may prohibit his or her participation in school activities? If so, please explain:

Does your child have an IFSP or an IEP?

Is your child receiving any services or therapies? If so, please explain:

Please list any diagnosed allergies: _____

If your child requires rescue medication such as an antihistamine or EpiPen for an allergic reaction, **MMO must have on file an Allergy Action Plan completed by your pediatrician/allergist** (forms available in office, if needed).

<u>Other Agreements</u>	<u>Initials</u>
My child has my permission to engage in all MMO Programs activities.	
I give my permission for my child to participate in supervised walking trips within the neighborhood of First Congregational Church.	

To the best of my knowledge, the information I have provided to MMO in this form is accurate.

Signature _____ Date _____