

The Adventure Programs
10555 Spring Cypress
Houston, TX 77070
281-378 4080 (Fax: 281-378 4081)

Parent Information Sheet

Date Enrolled: _____

Child's Name: _____ Name Used: _____
(Last) (First) (Middle)

Sex: ___ Male ___ Female Birthdate: _____ Home Phone: _____ Subdivision: _____

Father's Name: _____ Employment: _____ Phone: _____

Home Address: _____ Cellular Phone: _____ Pager: _____

Mother's Name: _____ Employment: _____ Phone: _____

Home Address: _____ Cellular Phone: _____ Pager: _____

Persons to Contact When You Cannot Be Reached

Your child will be released only to you (parents) or other persons designated by you. Parents or other designated persons bringing the child to class should make sure that a staff member is aware of the child's arrival and departure. **Please list persons with whom you want your child to be released to other than yourself.** We would use these numbers in the event your child becomes ill or injured and needs to be picked up from school and we cannot reach you at ANY of the numbers you have provided above (home, work, cell phone, pager, etc.) In addition, the individuals listed could serve in a carpool or other transportation arrangement. **The school must be notified in advance if someone not listed is to pick up your child. Individuals listed should be notified that they will be asked for identification before your child is released to them.**

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

5. Name: _____ Relationship: _____ Phone: _____

6. Name: _____ Relationship: _____ Phone: _____

7. Name: _____ Relationship: _____ Phone: _____

Parents Acknowledgement

This is to acknowledge that The Adventure Programs has provided me with the "Parent's Guide to Day Care" and I have reviewed its contents.

Parent's Signature: _____ Date: _____