



CHILD INFORMATION FORM

JAPHET SCHOOL

VISITOR

Dates of visit:

Information about Child

Name of Child (Last, First Middle)		Date of Birth	Grade
Child's Home Address			
City	State	Zip Code	Phone Number
Parent e-mail Address 1		Parent e-mail Address 2 (optional)	

Information about Parents/Legal Guardians

Name of Parent / Legal Guardian			Name of Parent / Legal Guardian		
Home Address (if not child's address)			Home Address (if not child's address)		
City	State	Zip Code	City	State	Zip Code
Daytime Phone Number ()	Cell Phone Number ()		Daytime Phone Number ()	Cell Phone Number ()	

Local Person to Be Notified in an Emergency When Parent Is Not Available:

First and Last Name		Relationship	Home Phone Number ()
Home Address			Work Phone Number ()
City	State	Zip Code	Cell Phone Number ()

Permission for Emergency Care

I hereby give permission to the Head of School or designate of Japhet School to secure necessary skilled emergency care for my child, and to notify me and/or my child's emergency contact(s).

Signature of Parent or Guardian	Date Signed
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Allergies

My child has no known allergies.

My child is allergic to the following:

Medications will be kept at school: YES NO (If yes, complete a Medication Form and give to front office staff with medication.)

Child Name: _____

Health Care Information

Hospital Preferred for Emergency Treatment	Health Insurance Carrier		
Health Insurance Cardholder's Name	Health Insurance Policy Number		
Name of Child's Physician, Clinic, or Practitioner		Phone Number	

Permission to Place Photo Images for Classroom and Internal Use

I give permission to Japhet School for photo images to be taken of my child, in conjunction with Japhet School activities, such as classroom bulletin boards, classroom books, yearbooks, etc.			
I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed

For All Parents/Guardians Regarding Lunch

The Michigan Department of Human Services requires a parent/guardian to sign the following: I, _____, agree to be responsible for providing lunch for _____. I will either provide a lunch from home or money to participate in Japhet's Hot Lunch Program when such a program is provided.	
Signature of Parent or Guardian	Date Signed