

Student Information Card

Date of Enrollment _____ My child is registered for: Infant /Toddler Pre-School After School

Student Name: _____ Age _____ Birthdate _____

Home Address _____ City & Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ E-Mail _____

Mothers Name _____ Occupation _____

Fathers Name _____ Occupation _____

Child resides with _____ Pick Up Instructions _____

Number of Siblings _____ Ages: _____ Attend Public School Private Day Care Home

Child Likes: _____

Child Dislike: _____

Allergies: _____

Special Feeding Instructions: _____

Medications: _____

Describe your child's personality: _____

Discipline methods used at home: _____

Routine: Normal Bedtime: _____ Drop off time: _____ Pick up time: _____

Special Instructions: _____

After School Students:

Name of Public School: _____ Teacher _____

Grade _____ Pick Up Time _____

Do you want your child to do his homework at Little Genius Club? _____

Academic Needs _____

Parent Signature: _____ Date: _____