

# Play Academy Learning Center

Allergies/Medical Conditions: \_\_\_\_\_

Child will arrive by (check one)      ☐ Parent Drop off      ☐ Public/Private van  
   ☐ Other (please specify) \_\_\_\_\_

Child will depart by (check one)      ☐ Parent Pick up      ☐ Public/Private van  
   ☐ Other (please specify) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Mobile Telephone # \_\_\_\_\_  
 Work Telephone #: \_\_\_\_\_

## Date