

BOOKER T. WASHINGTON LEARNING LAB



Child's Name:	DOB:	Male or Female (Circle one)
Address:	City, State:	ZIP Code:
School:	Grade entering:	Teacher:
IEP: Yes No (Circle One)	Special needs:	Medication: Yes or No
Guardian #1 Name:	Primary number:	Relationship:
Guardian #2 Name:	Primary number:	Relationship:
EMPLOYMENT INFORMATION		
Parent / Guardian Name #1		Current employer:
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	Email:	Fax#:
Position:	Rate of pay: \$ _____	Weekly income:
		Annual income:
Parent / Guardian Name 2:		Current employer:
Employer address:		How long?
City:	State:	Zip:
Phone:	Email:	Fax #:
Position:	Rate of pay:	Weekly income:
		Annual Income:

My Child's Remote, In School Schedule / Hours

Remote : Monday:____ Tuesday:____ Wednesday:____ Thursday:____ Friday:____

In School : Monday:____ Tuesday:____ Wednesday:____ Thursday:____ Friday:____

PICK UP LIST

Name:	Address:	Phone:
1		
2		
3		
4		

Emergency Contacts

(when attempts to reach parents are not successful and who may pick child up)

Name:	Address:	Phone:
1		
2		
3		

I understand that my child will not be released to any person not authorized on this sheet:

Yes No

I am the only one who is able to pick up my child

Yes No

My child has permission to leave without an escort each day at 3:00pm

Yes No