

Whole Life Christian Academy
2621 Washington Road
Augusta, GA 30904
706-364-1439

Child Information Sheet

Child's Full Name _____ Date of Birth _____ Age/Sex _____

Name Child Prefers to be called _____ Grade _____

List ALLERGIES your child has _____

Reaction to allergies? _____

Do they have health issues we need to know about such as, glasses, leg braces, special shoes, etc?

Other languages they speak or understand? _____

Anything you need us to know? _____

Parents/Guardians _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Mom's Work _____ Mom's Cell _____ Mom's DOB _____

Dad's Work _____ Dad's Cell _____ Dad's DOB _____

Emergency Contact Numbers and Authorized Pickup:

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____ - _____

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

List below those your child would consider his/her family members: Include names, sibling's ages, and pets:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Date: _____