

ANNUAL CLASS ROSTER

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster: Please circle one

| | | |
|-------------------------|----------------|----|
| Address | Yes | No |
| My child's name | Yes | No |
| Parent's/Guardians name | Yes | No |
| Phone number | Work Cell Home | No |

Date: _____

Signature of parent or guardian

| |
|---|
| Chronic Physical Problem (s): |
| History Of Hospitalization: |
| Diseases This Child Has Had: |
| Allergies/Treatment: |
| Medications, Food Supplements, Modified Diet or Fluoride Supplements: |
| |

List of Person (s) to whom this child can be released: **(Please Print)**

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |
| | | |

List of Person (s) **NOT PERMITTED** to pick up this child: **(Please Print)**

| Name | Restraint papers or divorce decree attached | |
|------|---|----|
| | Yes | No |
| | | |
| | | |

_____ I do **NOT** give permission for my child to be photographed/video taped within the classroom.