

GET TO KNOW ME FORM KID'S HIDEOUT



Child's Name: _____

Birth date: _____ Age: _____ Grade: _____

Mother's Name: _____ cell phone _____

e-mail: _____ day phone _____

Father's Name: _____ cell phone _____

e-mail: _____ day phone _____

Your statement will be e-mailed around the 25th of each month. Which e-mail would you like your monthly statement sent to: MOM's or DAD's

Does your child:

a.) have any medical issue that we need to be made aware of? NO YES (please describe below)



b.) have allergies to any foods? NO YES (please describe below)

c.) have allergies to any medicines? NO YES (please describe below)

d.) have any special diet needs? NO YES (please describe below)

e.) need to take doctor-prescribed medicine on a regular basis? NO YES (if so, please fill out the **Permission to Administer Medicine** form and be sure to give the form and medicine directly to the teacher in charge Please do not send medicine in your child's backpack/lunch. Thanks!)



Is there anything unique about your child that we should know in order for Hideout to better serve his/her needs?

parent signature

date

