

Soleil Early learning Academy Emergency information

Child's name: _____ **Date of birth:** _____

Address: _____

Mother's name: _____ **Work #** _____ **Cell#** _____

Father's name: _____ **Work#** _____ **Cell#** _____

Emergency contact name: _____ **phone#** _____

Child's doctor: _____ **phone#** _____

Medical insurance card # _____

Allergies: _____

Medical Conditions: _____

Medications: _____
