

Smart Love Toddler Explorations!

Family Information Form

Please print out, complete and bring to first class. Questions: contact Carolyn Friedman, M.A. at 773.665.8052 or carolyn.friedman@smartlovefamily.org.

Parent's Name: _____

Parent's Name: _____

Other Adult bringing child: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Home address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Telephone: () _____

Cell Phone: () _____ Cell Phone: () _____

Email: _____

How did you hear about us? Web ___ Menomonee ___ NPN ___ Friend ___ Other ___

Does your child have any allergies? _____

In consideration of being permitted to enter the facilities of Smart Love Family Services and to participate in the programs described above, I hereby release Smart Love Family Services, its employees, directors, and officers, to the fullest extent by law, from all liability to me or my child named above for any loss, damage, whether caused by the active or passive negligence of Smart Love Family Services or otherwise, on account of any illness or injury while I or my child named above is in the facilities of Smart Love Family Services or participating in any program of Smart Love Family Services.

DATE

SIGNATURE OF PARENT OR GUARDIAN

SMART LOVE.
PRESCHOOL