



Pontchartrain ELEMENTARY SCHOOL

P.E.S. Child Care Registration

Child's Name _____ Teacher _____

Child's Name _____ Teacher _____

Child's Name _____ Teacher _____

Home Address: _____

Home Phone #: _____

Mother's Name: _____ (C) Phone: _____

Employer: _____ (W) Phone: _____

Father's Name: _____ (C) Phone: _____

Employer: _____ (W) Phone: _____

In case of an emergency and parents cannot be reach, please contact:

1. _____ Address: _____

Name/Relation

(C) Phone # _____ (H) Phone # _____ (W) Phone # _____

2. _____ Address: _____

Name/Relation

(C) Phone # _____ (H) Phone # _____ (W) Phone # _____

Person Authorized to pick up your child from Child Care:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please check all that apply is your child has any of the following special needs:

____Emergency Medical Plan ____ IEP ____ 504 Plan ____Allergies or other health concerns

