

Does your child have any medical conditions, medications or allergies? Yes No If yes, explain: _____

Does your child have any behavioral challenges? Yes No If yes, explain: _____

Does your child have an active IEP (special education)? Yes No If yes, explain: _____

Emergency Contacts					
Name		Name		Child's Doctor	
Relationship		Relationship		Name	
Home Phone		Home Phone		Phone 1	
Work Phone		Work Phone		Phone 2	

What do you expect your child to gain from his/her experience at Walden Green? Please provide insights into your child.

In what capacity can your family contribute to the Walden Green community?

Field Trip Permission

I hereby give my permission to Walden Green to transport my child in a vehicle and participate in field trips.

PRINTED NAME

SIGNATURE

PARENT'S SIGNATURE

Signature

Signature

Relationship to Child

Relationship to Child