



Carmel Presbyterian Weekday School

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CHILD INFORMATION ENTRY

Class Name: _____

First Name Middle Name Last Name Birth Date

Call Child Home Phone Email Address

Address City State Zip Code

Father's Name Occupation Company Work Phone Cell Phone

Mother's Name Occupation Company Work Phone Cell Phone

Child's Doctor Doctor's Office Name Doctor's Phone Medical ID #

Medications

Allergies (Food, Medicine, etc.)

Emergency Hospital Preference Dentist Dentist Phone

Emergency Contact Home Phone Cell Phone Comments

Emergency Contact Home Phone Cell Phone Comments

Authorized To Pick Up Home Phone Cell Phone

Authorized To Pick Up Home Phone Cell Phone

Custody Arrangements/Special Comments/Notes