

Parent/Guardian 2:

Email: _____

Name: _____
 First Middle Last

Home Phone (____) _____ Cell Phone(____) _____

Work Phone (____) _____

Employer Name _____

Address _____ City _____ State: _____ Zip _____

Best phone number to reach you at during the hours your child is at Bixby:

Parent's or Guardian's 1 Name _____

Parent's or Guardian's 2 Name _____

Phone Number (____) _____

Medical Information:

Does your child have any allergies? (If yes. Please list allergens and your child's reaction/symptoms)

Yes _____ No _____

Allergens:

Reactions/Symptoms:

In the event that neither parent/guardian can be reached in an emergency, list two local contacts:

<p>Contact 1:</p> <p>Name: _____</p> <p>Address: _____</p>	<p>Hm _____</p> <p>Wk _____</p> <p>Cell _____</p>
<p>Contact 2:</p> <p>Name: _____</p> <p>Address: _____</p>	<p>Hm _____</p> <p>Wk _____</p> <p>Cell _____</p>

People authorized to pick up (other than parents/guardians):

Name	Phone Number

Medical and Insurance Providers:

Child's Doctor _____ Phone(_____)_____

Doctor's Address _____ City _____ State _____

Child's Dentist_ _____ Phone(_____

Dentist's Address _____ City _____ State _____

Preferred Hospital:_____

Address: _____ Phone: (_____)_____

Medical Insurance Company: _____ Group#

_____ Subscriber# _____

Policy Holder Name: _____

Family Information:

Children's Names	Age	Gender

List other Adults in Family (not previously listed):

Adults' Names	Relationship to Child

If the social/emotional and developmental information you provided previously on the application form has changed or if you would like to share more about your child's likes/dislikes/ strengths and opportunities for growth, please take a moment to do so below. If the application was filled out more than 3 months ago, please take a moment to provide us with updated observations/information in these areas.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Please deliver, mail, email or fax completed form to:

Bixby School

4760 Table Mesa Drive, Boulder, CO 80305
Phone: (303) 494-7508 Fax: (303) 494-7519
Email: office@bixbyschool.org
www.bixbyschool.org