



Fort McDowell Yavapai Nation

Education Division

P.O. Box 17779

Fountain Hills, AZ 85269-7779

Phone 480-789-7140

Fax 480-816-0479

Child's Name _____

Date of Birth _____ M F

Street Address _____

Home Phone _____

City, ST, Zip _____

Date of Enrollment _____

Mother /Guardian _____
Home Address _____
Workplace _____
Home Ph _____ Work Ph _____

Father/Guardian _____
Home Address _____
Workplace _____
Home Ph _____ Work Ph _____

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

1. Name _____

3. Name _____

Address _____

Address _____

Telephone _____

Telephone _____

2. Name _____

4. Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Parent/Guardian Signature _____ Date _____

Medical Information

1. Is your child allergic to any food(s) or other substances? If so, name food(s) or substances to be avoided and procedures to follow if a reaction occurs.

2. Is your child unusually susceptible to infections, and if so, what precautions need to be taken? _____

PLEASE COMPLETE OTHER SIDE ALSO.