



8023 Huebner Road
San Antonio, Texas 78240
210-509-6848

PERSONAL INFORMATION TO BE SHARED WITH CHILD'S TEACHER/ PHOTOGRAPHY RELEASE

Child's Name: _____

Birthday: ____ / ____ / ____

Parent's Names: _____

Parents Marital Status: _____

Child Lives With: _____

Siblings (Name/Age) _____

Health Problems: _____

Allergies: _____

Toilet Habits: _____

Eating Habits: _____

Likes: _____

Dislikes: _____

List any challenges you foresee your child's teacher may have with your child:

PHOTOGRAPHY RELEASE

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for crafts? Yes / No

May we have permission to use your child's photograph in publications for promotion?
Yes / No

X _____
Parent Signature