

Kindermusik of Cambridge / KW Emergency and Transportation Form

Child's Name: _____ **Birthdate:** _____

Parent's Names: (mother) _____

(father) _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

*In case of an **emergency**, please give an alternate phone number & contact:*

Please list any **ALLERGIES** or **MEDICAL CONDITIONS** affecting your child. _____

Who will be bringing your child to class?

Name: _____ Relationship to child: _____

Who will be picking your child up from class?

Name: _____ Relationship to child: _____

Additional Comments: _____
