

# Kids Kampus Learning Center

8707 W State Street, Boise, ID 83714  
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208-853-4247



## Information Update Sheet

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work Number: \_\_\_\_\_

Authorized Pick ups: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Social Security: \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Social Security: \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Authorized Pick ups: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_