



Red Robin Country Day School  
878 Jericho Turnpike, Westbury, NY 11590  
Phone 516.334.1144  
Fax 516.334.0565

## STUDENT BACKGROUND FORM

**Child's Name** \_\_\_\_\_

Street Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

### **Father:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ — —

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

### **Mother:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ — —

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Do both parents now live with this child? \_\_\_\_\_

### **Emergency Contact:**

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

### **Other members of household** (Siblings, Grandparents, etc.):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

How would you describe your child's relationship with peers? \_\_\_\_\_

How does your child show that he/she is unhappy or not feeling well? \_\_\_\_\_

Additional information you would like us to know (special needs, physical restrictions, diet, allergies, special holidays observed, etc.): \_\_\_\_\_  
\_\_\_\_\_

**New York State requires the following information for your child's safety:**

Vehicle #1:

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_

Vehicle #2:

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_

Please describe your child's physical characteristics (including distinguishing marks): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign each of the following conditions:

Permission is given for my child to participate in all of Red Robin School's programs, activities and special events, **without exception**.

X \_\_\_\_\_

Permission is given for my child to participate in local school conducted field trips.

X \_\_\_\_\_

If transportation is requested, permission is given to transport my child to and from school. I assume full responsibility for my child between my home and the transporting vehicle.

X \_\_\_\_\_

Consent is given to Red Robin to use photos and/or videos of my child for promotion of Red Robin and its programs.

X \_\_\_\_\_

Permission is given for my child, in case of emergency when neither a parent nor family physician can be reached, to be treated in the emergency room of a local hospital or at a physician's office.

X \_\_\_\_\_