



# WOODDALE ACADEMY

5532 Wooddale Avenue South, Edina, MN 55424

P: (952) 656-1055 | F: 952-777-4211 | E: Edina.Academy@Wooddale.org

## Family Data Form Wooddale Academy, Edina

Child's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_Male \_\_\_\_Girl

Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

### ***Alternate emergency contacts when parents cannot be reached:***

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Physician:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Source of emergency care: \_\_\_\_\_  
Hospital

Does child have any disability that we must be aware of? \_\_\_\_\_

Other health/adjustment information the teacher should be aware of? \_\_\_\_\_

\*\*\*PLEASE COMPLETE REVERSE SIDE\*\*\*

Child lives with: \_\_\_\_\_ Both parents    \_\_\_\_\_ Father    \_\_\_\_\_ Mother    \_\_\_\_\_ Other

If Other, please specify: \_\_\_\_\_

Church Preference: \_\_\_\_\_

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Father's Name: (or guardian) \_\_\_\_\_ Mother's Name: (or guardian) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business phone: \_\_\_\_\_

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Siblings: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and phone numbers of people authorized to pick up child from Wooddale Academy:

\_\_\_\_\_

Names of people **NOT** authorized to pick up child from Wooddale Academy:

\_\_\_\_\_

### Emergency Pick-Up

If we cannot reach you, the people below will assume responsibility and are authorized to pick-up your child at the end of the day or in a medical emergency. They have access to my child's health and family history. Under NO circumstances will a child be released to anyone onto known to center staff without prior written authorization and phone identification. I understand that in the event I do not pick up my child by one hour after closing/departure time, Child Protection will be called and my child(ren) will be taken into protective custodial.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_