



## Classroom Visit Form

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

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

In case of emergency notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

**Please list any allergies (including food allergies), medical conditions, or medications we should be aware of on the day of your child's visit.**

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### CLASSROOM VISIT

Please bring a:

- Backpack
- Lunch
- Morning and afternoon snack
- Water Bottle
- Mask
- Book

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**