



**%surname%,
%name%**

Activity: %activity%
Room: %room%

Created: %created%
Last Seen: %lastseen%
Modified: %modified%
Check-in Count: %count%



Taxidí

Free and Open Source
Nursery Check-in System

Name	%name%		Last Name	%surname%	
Phone	%phone%		<input type="checkbox"/> Mobile* (please list carrier):		
Grade	%g%	DOB (Y/M/D)	%dob%	Email	%email%
Parent 1	%parent1%			Parent 2	%parent2%
Medical & Allergies	%medical%			Special Instruction	%notes%

*Checking this means this number will receive paging notifications. Please write your mobile provider's name in the blank provided. Additional numbers below will receive paging notifications, but will not be used for searching.

Additional information and emergency contact (optional):

Address	%address%				
City	%city%	State	%state%	ZIP	%ZIP%
Parent 1 Phone	%phone1%		Mobile carrier: %carrier1%		
Parent 2 Phone	%phone2%		Mobile carrier: %carrier2%		
Emergency Contact 1	%contact1%		Relationship: %relationship1%		
Phone	%contactPhone1%				
Emergency Contact 2	%contact2%		Relationship: %relationship2%		
Phone	%contactPhone2%				