



License #C04DU0407

Wilma's Little People's School

Located on the campus of



JACKSONVILLE
UNIVERSITY

Child's Name _____

Health Insurance Carrier _____

Policy Number _____

Name of Insured _____
(Policy Holder)

Dear Parents,

The above information is needed to include in your child's file for emergency situations and sometimes is needed in non-emergency situations. It is required that we have this on file. Please return to the office or your child's teacher as soon as possible.

Thank you!