



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!