

# STUDENT INFORMATION



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Contact# \_\_\_\_\_

Email \_\_\_\_\_ Can I contact you? \_\_\_ Yes \_\_\_ No

Allergies or Health Concerns \_\_\_\_\_

Siblings (name and age) \_\_\_\_\_

Can your child have his/her picture taken and displayed? \_\_\_ Yes \_\_\_ No

What is the primary way your child will go home each day? Please let me know if at any time this changes

\_\_\_\_\_

What would you like me to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to child \_\_\_\_\_