

STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION

Child's Name _____

Parent/Guardian(s) Names:

1. _____

2. _____

3. _____

Address: _____

Phone #: _____

Does your child have any food allergies?

If yes, please list:

Does your child have any special needs that I should know about (IEP, medical conditions,...)? If yes, please describe:

Please list those people who have permission to pick your child up at dismissal time:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency Contacts:

1. Name _____
Address: _____
Relationship to student: _____
Phone Numbers:
Home: _____
Work: _____
Cell: _____

2. Name _____
Address: _____
Relationship to student: _____
Phone Numbers:
Home: _____
Work: _____
Cell: _____

3. Name _____
Address: _____
Relationship to Student: _____
Phone Numbers:
Home: _____
Work: _____
Cell: _____