

School _____

Grade _____

Student Information Sheet 2009-2010

Child's Name: _____ (M or F) Home Phone: _____

Child's Birthday _____ Age _____ Grade Child Will Be Entering In Fall _____

Mother's Name _____ Father's Name _____

Address: _____ City & Zip _____

Mom's email: _____ Dad's email _____

Mother's Employer _____ Father's Employer _____

Mother's Work Number _____ Father's Work Number _____

Mother's Cell Number _____ Father's Cell Number _____

Child lives with (circle all that apply): Mother, Father, Stepmother, Stepfather, Grandparent(s), Guardian, Brother, Sister, Other: _____

Emergency Contact (Other than Parents)

Name 1) _____ Relationship _____ Phone _____

2) _____ Relationship _____ Phone _____

Others Authorized to Pick Up Your Child:

Name 1) _____ Phone _____

2) _____ Phone _____

Pediatrician: _____ Phone Number _____

Allergies/Medical

Concerns: _____

Medication (list all)

Dosage

Frequency

Medication (list all)	Dosage	Frequency

PERMISSION IS GRANTED FOR THE ABOVE MENTIONED INDIVIDUALS TO PICK UP MY CHILD.

Parent Signature _____ Date _____

PEMISSION IS GRANTED TO MEET THE NEEDS OF MY CHILD IN CASE OF AN EMERGENCY.

Parent Signature _____ Date _____