



# STUDENT INFORMATION

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

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

Parent/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Can I text you?:  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Can I text you?:  Yes  No

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

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

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

What would you like me to know about your child? \_\_\_\_\_

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

## EMERGENCY CONTACT INFORMATION

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

Relationship to Child: \_\_\_\_\_

**I AM LOOKING FORWARD TO GETTING TO KNOW YOUR CHILD!**