



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!