



Parent/Guardian Contact Information		
Parent/Guardian 1		
Name:	Email:	Mobile Phone:
		Home Phone:
Address:		
Parent/Guardian 2		
Name:	Email:	Mobile Phone:
		Home Phone:
Address:		

Students												
Student Name	Gender (M/F)	Birthdate	Anticipated Days and Times (select all that apply)									
			Mon.		Tues.		Wed.		Thurs.		Fri.	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

This information will be used to help plan our program. It is not a formal commitment.

Transportation

The following people are authorized to pick up my child(ren):

Father (as listed above)

Mother (as listed above)

Others (list below)

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

Emergency and Medical Information

The following people can be contacted in an emergency if the parents cannot be reached:

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

Primary Physician(s)

Name	Clinic Name and Location	Phone

List medical information that the school should be aware of (e.g., allergies):

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Additional Information That May Be Helpful for Our Administrators and Teachers

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