



## Contact Form

### Student Information

Student's Name:
Nickname (for Cubby):
Birth date:
Class (please check): <input type="checkbox"/> Th 2's <input type="checkbox"/> F 2's <input type="checkbox"/> M/W3's <input type="checkbox"/> T/TH3's <input type="checkbox"/> AM Pre-k <input type="checkbox"/> PM Pre-K

### First Call Emergency Information:

Phone \_\_\_\_\_

Name \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian # 1 :	
Address:	
Home Phone:	Cell Phone:
Work Phone:	Company Name:
Email Address:	
Parent/Guardian #2:	
Address (if different):	
Home Phone (if different):	Cell Phone:
Work Phone:	Company Name:
Email Address:	

### Emergency Contacts (if parents cannot be reached)/Pick-Up Authorization

Name:	Relationship:	Home Phone:	Cell Phone:
Name:	Relationship:	Home Phone:	Cell Phone:

### The following are NOT allowed to pick-up my child(ren)

Name:	Relationship:	Physical Description:
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### Student Medical Information

Doctor's Name:	
Clinic Name	Phone Number:
Notes:	