



First Call in case of EMERGENCY

Name: _____

Phone: _____

Student Information

Student's Name:						
Nickname (for Cubby):						
Class (please circle):						
Tue 2-3's	Th 2-3's	F 2-3's	M/W3-4's	T/TH3-4's	AM Pre-k	PM Pre-K

Parent/Guardian Information

Parent/Guardian # 1 :		
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Parent/Guardian #2:		
Home Phone (if different):	Cell Phone:	Work Phone:
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:
Medical Conditions/Allergies :	