

PERSONAL INFORMATION

Please complete this form and have your child return it to school as soon as possible.

CHILD'S NAME _____ BIRTHDATE _____

FATHER'S NAME _____

MOTHER'S NAME _____

GUARDIAN'S NAME _____

ADDRESS _____

HOME PHONE # _____

DAD'S WORK # _____

MOM'S WORK # _____

EMERGENCY CONTACT & PHONE # _____

COMMENTS _____

PICK-UP AUTHORIZATION

I give the following people permission to pick my child up from school:

1. _____

2. _____

3. _____

If someone will be picking up your child who is not on the list, a note must be sent beforehand to let us know.

Child's name: _____

Parent signature: _____

*email address: _____