

Information Sheet

Personal Information

Child's Name	First	Middle	Last
Child's Birthday	Month	Day	Year
Primary Address	Street		Zip
Secondary Address	Street		Zip
Parent/Guardian		Relationship	
Parent/Guardian		Relationship	
Phone Number(s)	Home Work Cell		Home Work Cell
Email Address(es)			
Sibling(s) / Age(s)			

If you are comfortable with us sharing your information on our Class Contact List (only to be shared with families in second grade, please list your preferred contact:

Email: _____ Phone Number: _____

Dismissal Information

List the individuals (other than parents/guardians) who will be allowed to pick your child up from school. We recommend that you include a neighbor or friend in case a family member is unavailable.

Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	

Please check your child's typical dismissal procedure:

Aftercare		Bus		Pick-up		Other	
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Health Information

Please list any allergies to food or materials that your child has:

Please list any medications that your child takes regularly (for what):
