

Student Information

Student's name: _____

Birthday: ___ / ___ / ___ Primary Phone # () ___ - ___

Address: _____

Dismissal Routine

On First Day:

___ picked up by _____ (who)
 ___ daycare _____ (name)
 ___ Bus # _____

On all other days (unless note is sent):

___ picked up by _____ (who)
 ___ daycare _____ (name)
 ___ Bus # _____

Medical Concerns

Allergies: _____
 Symptoms: _____
 Other: _____

Please answer:

Does this child have siblings at our school? Yes ___ No ___

If yes, please fill out:

Name _____ Teacher _____
 Name _____ Teacher _____
 Name _____ Teacher _____
 Name _____ Teacher _____

Please indicate your child's teacher from last year:

Name of Teacher _____

Things You Need to Know about My Child

(special information you'd like to share)

Parent Information

Name	Relationship to Student	Address (if different)	Cell Phone #	Home/Work Phone #	Email

Emergency Contact Numbers (other people if parents cannot be reached---used if medical emergency, child not picked up on time, or needs change of clothes)

Name	Relationship to Student	Address (if different)	Cell Phone #	Home/Work Phone #	Email