

Student's Full Name:		Birthday:	
Primary Contact:		Secondary Contact:	
Name:		Name:	
Relationship:		Relationship:	
Phone Number(s)		Phone Number(s)	
Cell:		Cell:	
Work:		Work:	
Home/Other:		Home/Other:	
Email:		Email:	
Occupation/Business (Optional)		Occupation/Business (Optional)	

Please initial and check the following:

- _____ Please use my email to send classroom updates.
 _____ I give permission to use my contact information (email & home phone) on a class contact list that will be sent home with each student. (You can use this to schedule play dates, parties, etc.)

On a regular basis:		On a regular basis:	
How does your child get to school?		How does your child get home?	
<input type="checkbox"/> Car Drop Off <input type="checkbox"/> Walk/Bike <input type="checkbox"/> Bus: _____(Name) <input type="checkbox"/> Other (Please explain any schedules if needed):		<input type="checkbox"/> Car Pick Up (Car) <input type="checkbox"/> Walk/Bike <input type="checkbox"/> After School Care: _____ <input type="checkbox"/> Bus: _____(Name) <input type="checkbox"/> Other (Please explain any schedules if needed):	

Does your child have regular internet access?

Yes No

Does your child have any allergies or medical concerns? Please explain.

Please share any other important information about your child via email.