Student Information: 2010 - 2011

Student's Last Name	First	Grade	Date of Birth	Allergies	List any medication taken on a regular basis
1.					
2.					
3.					
4.					

Student's Address	City	Zip	Home Phone

Parent/Guardian Information:

Mother's Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code

Father's Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code

Guardian's Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code

Please list anyone who has your permission to pick up your child/children from after care:

Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code
1.					
2.					
3.					
4.					

Will your child attend aftercare? Daily_____ Sometimes_____

Will your child attend the homework room? Yes_____ No_____