

Name:		Date of birth:	Start date:
Address:			City:
State:	Zip code:	Primary Phone:	

Parent / Guardian :			
Address:			City:
State:	Zip code:	Primary Phone:	
Email:		Mobile Phone:	
Workplace:		Workplace Phone:	

Parent / Guardian :			
Address:			City:
State:	Zip code:	Primary Phone:	
Email:		Mobile Phone:	
Workplace:		Workplace Phone:	

Best contact number during school / extended day hours:

Emergency Contacts: please note, emergency contacts may be called to pick up sick or injured students in the event a parent / guardian is not available.

Emergency Contact 1 Name:		Relationship to student:
Phone number:	Email:	
Address:		

Emergency Contact 2 Name:		Relationship to student:
Phone number:	Email:	
Address:		

Emergency Contact 3 Name:		Relationship to student:
Phone number:	Email:	
Address:		

Physician/ Clinic:	Phone number:
Address:	

Medical Specialist:	Phone number:
Address:	

Dentist:	Phone number:
Address:	