

Personal Information Form

Date _____

Anticipated Arrival & Departure time

Last Name _____

Mon Tues Wed Thu Fri

First Name _____

Arrive					
Depart					

Nickname _____

Address _____

City/St/Zip _____

Home Phone _____ (Language spoken at home) _____

Age _____

Child's Birthday (include year) _____

Father's Name _____

Cell Phone _____

Email _____

Work Phone _____

Mother's Name _____

Cell Phone _____

Email _____

Work Phone _____

Please print neatly

In case of emergency during class, notify (If other than parent) _____

The following persons are authorized to pick up my child from school:

I **WILL NOT** be authorizing any additional "pick-up" persons by phone.

Please check here and list on the back of this form any health problems, allergies, special needs, etc.

Signature _____

Printed Name _____