

Parent Contact Information

Child's Full name: _____

Date of Birth: ____/____/____

Allergies/Medical Information: _____

Mother/Guardian:

Name: _____ Email: _____

Home Phone: _____ Cell: _____ Work: _____

Father/Guardian:

Name: _____ Email: _____

Home Phone: _____ Cell: _____ Work: _____

Please check off and give the following information. Will your child go home on a Bus OR Picked up each day from school:

My child will take the bus. _____ Bus number _____

My Child will be picked up each day at school. _____

Please list the individuals that may pick your child up from school.:

1) _____

2) _____

3) _____

4) _____

5) _____

I give permission for my student's photo and class work to be used on the classroom Class DoJo page for the purpose of showcasing our hard work and fun activities.

Yes

No

Please initial: _____