

Student & Family Information Form



Student Information:

Child's Full Name _____ Nickname _____

Birthdate _____ Birthplace _____ Male _____ Female _____

Primary Language _____ Home Phone # _____

Street Address _____

City, State, Zip _____

Family Information:

Mother/Guardian _____ Phone # _____

Email Address (list all) _____

Employer _____ Work Phone # _____

Work Hours _____

Father/Guardian _____ Phone # _____

Email Address (list all) _____

Employer _____ Work Phone # _____

Work Hours _____

Medical Information:

Physician _____ Hospital _____

Phone # _____ Address _____

Insurance _____ Policy # _____ Date of last Physical _____

Medical Concerns/Allergies (please list) _____

Alternate Emergency Contacts

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone # _____ Permission to pick up child? Yes _____ No _____

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone # _____ Permission to pick up child? Yes _____ No _____