

Phone Numbers:

Program:

Male or Female:		
Last Name:	First Name:	Date of Birth:
Address:	Home Phone:	
City/State:	Zip Code <u>:</u>	<u>C</u> ounty:
	acial, White Non-Hispanic, Black, Non-His	spanic, American Indian or Alaskan Native, Native Hawaiian or
Parent/Guardian Names:	:	
Work Phone:		
Cell Phone:		
<b>Emergency Contact/Rela</b>	tionship/Phone:	
Child May be Released to	(indicate Relationship)/Phone:	
Child's Physician		Phone #:
•		I none π.
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Walks and Trips, Swimmir	ng, Wadding, Transportation by Clarke to	Medical Care, Administration of Minor First Aid Procedures, Outside Functions.
our Parent School Director do not want to share, indica	ry indicate below by checking yes or no. Mate below.	er, parent's names and cell numbers, parent's email addresses in My signature above gives authorization. If there is any info you
situations to your home pho		garding important dates, inclement weather and emergency rs below. This can include your cell numbers and whoever would