

Child Information Form

Child's Name:			
Mailing Address:			
Birthdate:	Age:	Grade:	
Allergies/Health Concerns:			
Please share any additional information to help teachers provide your child with an enjoyable, beneficial classroom experience (if you need more space, please use the back of this form):			
<i>Parent/Guardian #1:</i>			
Home Phone:			
Cell Phone:			May we text you? Y / N
Work Phone:			Are work calls acceptable? Y / N
Email Address:			
<i>Parent/Guardian #2:</i>			
Home Phone:			
Cell Phone:			May we text you? Y / N
Work Phone:			Are work calls acceptable? Y / N
Email Address:			
Other persons authorized to pick up your child from class:			
Do you give permission for your child to be photographed? (Photos may be used for display, social media, digital, or print publication.)			Y / N

Signature of person completing this form:

Date: