



Student Information Sheet

Child's Name _____ Date of Birth _____

Name you wish MCS to call your child _____

List age, place, and type of previous group experiences _____

Name and ages of siblings _____

School District where child resides _____

Child's Primary Language _____ Ethnic Background(optional) _____

Parent(s) Information

Mother

Name _____ Occupation _____ Daytime Phone _____

Father

Name _____ Occupation _____ Daytime Phone _____

Marital Status:(circle one) Married Divorced* Single Separated* Widowed

*Who has primary custody of your child? _____

Religious Background

We attend _____ church.

We are/are not members (*circle one*).

Hand Sanitizer Permission

My child _____ has permission to use hand sanitizer as a supplement, not a replacement, for hand washing when necessary.

Parent's Signature _____

AUTHORIZED PICK-UP LIST

YOUR CHILD WILL ONLY BE RELEASED TO THOSE INDIVIDUALS LISTED BELOW WHO MUST BE 18 YEARS OF AGE OR OLDER

Name	Relationship	Phone #
1. _____	Mother _____	_____
2. _____	Father _____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Changes to the above information must be communicated to the school office in person or by email.

For the safety of our children, any individual may be asked to show identification prior to picking up a child from our school.