

Student Information Sheet

Child's Name:	Date of Birth:				
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 (<i>optional</i>):				
Mother's Name:	Occupation:	Daytime Phone Number:			
Father's Name:	Occupation:	Daytime Phone Number:			
Marital Status (<i>check one</i>):	Married	Divorced	Single	Separated	Widowed
<u>Religious Background</u>					
We attend _____ church. We <u>are/</u> <u>are not</u> members (<i>check one</i>)					
<u>Hand Sanitizer Permission</u>					
My child _____ has permission to use hand sanitizer as a supplement, not a replacement, for hand washing when necessary.					
Parent Signature: _____ Date: _____					

Authorized Pick up List

Name	Relationship	Contact Phone number
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.