



# Contact Information

\*Please Return\*

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number (where child lives): # \_\_\_\_\_

Parent/Guardian's Name(s) and phone numbers  
Please circle the best form of contact.

Name: \_\_\_\_\_ Home # \_\_\_\_\_  
Email: \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Name: \_\_\_\_\_ Home # \_\_\_\_\_  
Email: \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone # \_\_\_\_\_

Who does your child live with?

Mom and Dad \_\_\_\_\_

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Other \_\_\_\_\_

Please list any additional information that you feel will help me teach and reach your child:  
(Allergies, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to volunteer in the classroom? YES \_\_\_\_\_ NO \_\_\_\_\_

