

Student Information

My name is _____ My birthday is _____
You can call me _____ My age is _____

My favorite color is _____
My favorite movie is _____
My favorite drink is _____
My dream job is _____
The last movie I watched was _____
The last book I read was _____

Home Address: _____

Mother's Name: Email:	Cell Phone: Home Phone: Work Phone:
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Father's Name: Email:	Cell Phone: Home Phone: Work Phone:
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Emergency Contact Name: Relationship:	Cell Phone: Home Phone: Work Phone:
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Please list any allergies or medical changes that I need to be aware of: _____

Please list the names of people who have permission to pick up your child: _____

