

## Information for Parent Pager:

Household Name (Last name, first name): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Guardians:

Name: \_\_\_\_\_ Gender: Male or Female (circle)

Cell phone # \_\_\_\_\_ Can you receive texts? Yes or No (circle)

Name of cell phone Provider: (Verizon, At&T, etc..) \_\_\_\_\_

In the future cell phones may be used to contact you if your child becomes sick during the service ☺

Name: \_\_\_\_\_ Gender: Male or Female (circle)

Cell phone # \_\_\_\_\_ Can you receive texts? Yes or No (circle)

Name of cell phone Provider: (Verizon, At&T, etc..) \_\_\_\_\_

In the future cell phones may be used to contact you if your child becomes sick during the service ☺

Children:

\*Name: \_\_\_\_\_ Gender: Male or Female (circle)

Birhdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

\*Name: \_\_\_\_\_ Gender: Male or Female (circle)

Birhdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

\*Name: \_\_\_\_\_ Gender: Male or Female (circle)

Birhdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies or special needs:

Please list the names of anyone you authorize to pick up your child from class: