

## **STUDENT INFORMATION**

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

Child's grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's phone number: \_\_\_\_\_

What does your child like to be called? \_\_\_\_\_

Siblings at co-op:  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency contacts (other than parent)**

↓NAME + RELATIONSHIP TO CHILD↓

↓PHONE NUMBER↓

↓CIRCLE

\_\_\_\_\_ cell / home / work

\_\_\_\_\_ cell / home / work

Allergies and/or medical conditions we should know about: