

First Baptist Christian School
STUDENT INFORMATION SHEET
After School Care

Student Name: _____

Grade: _____ Birthdate: _____

Home Address: _____
street city/town zip

Home Telephone: (____) _____

Father's Name: _____
first m.i. last

Business: _____ Title: _____

Address: _____ Phone: (____) _____ X

Cell Phone: (____) _____

Mother's Name: _____
first m.i. last

Business: _____ Title: _____

Address: _____ Phone: (____) _____ X

Cell Phone: (____) _____

Please describe any medical or allergy related conditions (including insect bites) and what special prescription medicines may need to be administered at the school. Also list any restrictions regarding physical activities.

Child will be picked up by: _____

Is there anyone we should NOT dismiss your child to? _____

Emergency Contacts:

1. _____
name relationship phone

2. _____
name relationship phone

Hospital Preference: _____