

TEACHER INFORMATION SHEET

CHILD'S FULL NAME:		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH
STREET ADDRESS	CITY, STATE & ZIP	HOME TELEPHONE #
MOTHER'S NAME		FATHER'S NAME
MOTHER'S EMPLOYER & PHONE NUMBER		FATHER'S EMPLOYER & PHONE NUMBER
MOTHER'S CELL PHONE		FATHER'S CELL PHONE
EMAIL ADDRESS		
EMERGENCY CONTACT INFORMATION PERSON(S) TO CALL WHEN PARENT CANNOT BE REACHED AND ARE APPROVED TO PICK-UP YOUR CHILD <small>*Identification may be required before child will be released to anyone other than parents.</small> EMERGENCY CONTACTS CAN NOT BE PARENTS		
NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP
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PLEASE LIST ANY ALLERGIES AND/OR SPECIAL INSTRUCTIONS REGARDING YOUR CHILD'S HEALTH:

PLEASE LIST OTHER CHILDREN LIVING IN THE HOUSEHOLD:

NAME	AGE	RELATIONSHIP

SIGNATURE – PARENT OR GUARDIAN

DATE