

Child's Name: _____

Child's Cell # (if applicable): _____

SCHOOL RECORDS

So that we can keep our records up to date, will you please fill out and return this page to us? It is most important that we have business addresses and telephone numbers.

Parents/Guardian: _____

Home Address: _____

Phone: _____

(If parents are separated, list both addresses and telephone)

***Email Address:** _____

Do you have a computer _____ if yes, do you have access to a printer _____

**We are developing an email listing that will be used to keep parents/guardians informed about upcoming events and activities (i.e., future newsletters, dinner dance, topics of interest, etc.). Email address will only be used by Clear View/AMIC and will not be shared with any external sources.*

Mother's Business: _____

Phone: _____ Cell: _____

Father's Business: _____

Phone: _____ Cell: _____

Doctor's name and address to be called in the event of emergency:

_____ Telephone: _____

Name, address, phone of person to be called in event of emergency and parents cannot be reached.

Name: _____

Address: _____

Phone numbers: _____

Relationship to child: (Grandmother, Neighbor, etc.): _____