

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.): _____

EMERGENCY INFORMATION

Child's Name: _____

In the event that my child is absent from school and I cannot be reached, please call:

Name	Relationship	Phone
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In the event that my child must be brought home early and I cannot be reached, please call the following, who can provide for my child in my absence:

Name	Address	Phone	Relationship
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Signature of Self
(Age 18 or older)

Parent/Guardian Signature

If your child has a key and is used to being home alone, you may indicate your permission by signing below:

I hereby give permission for my child _____
to be sent home from school, in the event of an early dismissal, even if I am unable to be reached by telephone.

Signature of Self
(Age 18 or older)

Parent/Guardian Signature