



2015-2016 ELEMENTARY STUDENT INFORMATION SHEET

Student Name _____

Gender _____ **Birthday** _____ **Grade** _____

Address _____

Student lives with (circle one) mother father both other

Father's Name _____

Father email addresses _____

Father home phone _____ **work** _____ **cell** _____

Mother's Name _____

Mother email addresses _____

Mother home phone _____ **work** _____ **cell** _____

Emergency names and contact numbers other than parents:

Describe any health problems of student:

My child will attend EA Afterschool Care Program:

___ **Full Time** ___ **Part Time** ___ **Drop In**

Names of people who may pick up your child: _____

Parent Signature _____ **Date** _____