TEACHER INFORMATION SHEET 2016-2017

CHECK ALL THAT APPLY TO YOUR CHILD

K5/Grade school only___ (8-3) K4 school only ___ (8-11:30) K4 all day___

After school care ___ Summer care____

Name_____
Last First Middle

Male _____ Female_____ Grade_____ Age_____ DOB_____

Address _____
Street City Zip

Home # _____ Mother beeper/cell_____ Father beeper/cell _____

Emergency # _____ Person at this # _____

Father's Name _____

Employer _____Phone # _____ext_____

Mother's Name _____

Employer _____Phone # _____ext_____

PUPIL LIVES WITH: O BOTH PARENTS O MOTHER ONLY O FATHER ONLY O LEGAL GUARDIAN O OTHER(SPECIFY)_____

Name _____ Phone #_____
(If different than above)

Church attending_____

LIST BELOW WHOM TO CALL FIRST IF GCA IS UNABLE TO REACH YOU, THIS ALSO GIVES PERMISSION FOR THESE INDIVIDUALS TO PICK YOUR CHILD UP FROM SCHOOL OR DAYCARE. CALL THE OFFICE IF ANY INFO CHANGES.

Name Phone # Relationship
(for emergencies only or parent cannot be reached)

_____

_____

_____

_____

_____

Physician's Name _____ Phone # _____

Is child on any daily medication?_____ What?_____

List any allergies (food, bee stings, ant bites, medicines, etc.)_____

_____

Corporal Discipline: Yes _____No _____

Parent or Legal Guardian Signature _____