

CBDS EXTENDED CARE **STUDENT INFORMATION**

SCHOOL YEAR 20__ -20__

Grade____Teacher_____

(Please print clearly)

Student's Full Name: _____ Name child goes by: _____

Street Address: _____

City & Zip code _____

Home Phone: _____

Mother: Work Phone _____ Cell Phone _____

Father: Work Phone _____ Cell Phone _____

Child lives with: Both Parents Mother Father

Others to call in case of emergency IF PARENTS CANNOT BE REACHED

Name & relationship _____ Phone _____

Name & relationship _____ Phone _____

Food Allergies _____

Drug Allergies _____

Allergic to bee stings? _____

Persons authorized to pick up your children:

Name	Relationship	Phone Number