Fall & Spring Student Information Card

First Name	Last Name		Birthdate	
Home Address		City, State, Zip		
Mother's Name / Phone Number		D ₁	Days Attending: Tues Wed Thurs.	
Father's Name / Phone Number			Fri.	
Emergency Cont	act/Relationship/Phone Numb	oer		
Mother's Day Out or in the newspap	t has permission to put my chi per: yes no	ld's picture on Faceboo	ok .	
Comments and,	or Medical Concerns:		Fall/Spring	
	Fall & Spring Studer	nt Information Card		
First Name	Last Name		Birthdate	
Home Address		City, State, Zip		
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Comments and,	or Medical Concerns:		Fall/Spring 2020	
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