

Student Information Card

First Name Last Name Birthdate

Home Address City, State, Zip

Mother's Name / Phone Number

Days Attending:

Tues. ____

Wed. ____

Thurs. ____

Fri. ____

Father's Name / Phone Number

Emergency Contact/Relationship/Phone Number

Mother's Day Out has permission to put my child's picture on Facebook
or in the newspaper: yes ____ no ____

Comments and/or Medical Concerns:

Fall/Spring

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