

Summer Student Information Card

First Name	Last Name	Birthdate
Home Address		City, State, Zip
Mother's Name / Phone Number		Days Attending: Tues. ____ Thurs. ____
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: _____ _____ _____		Summer 20____

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