## **Summer Student Information Card**

First Name	Last Name		Birt	hdate	
Home Address		City, State, 7	Zip		
Mother's Name / Phone Number			Days Attending: Tues. Thurs.		
Father's Name / F	Phone Number				
Emergency Conto	act/Relationship/Phone Numb	oer			
Mother's Day Out or in the newspap	t has permission to put my chil per: yes no	d's picture on Faceb	ook		
Comments and,			Summer 20		
	Summer Student I				
First Name	Last Name		Birt	Sirthdate	
Home Address		City, State, 7	Zip		
Mother's Name / Phone Number			_ Days Attending: Tues Thurs		
Father's Name / F	Phone Number				
Emergency Cont	act/Relationship/Phone Numb	per			
Mother's Day Out or in the newspap	t has permission to put my chilo per: yes no	d's picture on Faceb	ook		
Comments and	or Medical Concerns:			Summer 20	