

## 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  
\_\_\_\_\_

## 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  
\_\_\_\_\_