

Student Information for the 2009-2010 School Year		
Child's Name	Date of Birth	Grade in September
Family/Directory Information		
Parent and Guardian		
Home Address	Okay to include in Directory?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Phone		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-Mail Address		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car (Make/Model, License Plate)		
Employer		
Other Parent and Guardian at the Same Home Address		
Work Phone	Okay to include in Directory?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-Mail Address		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car (Make/Model, License Plate)		
Employer		

Permission to use my child's image in CFS publications: Yes No
 Permission to use my child's image on the CFS website: Yes No

Unless otherwise indicated, all information above is correct.

Signature of Parent and Guardian

Date
(Form continues on other side...)

Alternative Emergency Contacts	
Primary Emergency Contact	
Relationship	
Home Phone	
Work Phone	
Cell Phone	
Secondary Emergency Contact	
Relationship	
Home Phone	
Work Phone	
Cell Phone	
Medical Information	
Hospital/Clinic Preference	
Pediatrician	
Name:	Phone:
Address:	
Dentist	
Name:	Phone:
Address:	
Orthodontist	
Name:	Phone:
Address:	
Insurance Carrier	
Carrier Name:	Phone:
Subscriber:	Policy Number

Current physical/immunization form(s) attached for each child: Yes No

Additional Medical Information Form attached for each child: Yes No

If applicable: prescription medication forms attached for each child: Yes No

Unless otherwise indicated, all information above is correct.

Signature of Parent and Guardian

Date