

Student Information for the 2010-2011 School Year		
<b>Child's Name</b>	<b>Date of Birth</b>	<b>Grade in September</b>
Family/Directory Information		
Parent and Guardian		
<b>Home Address</b>	<b>Okay to include in Directory?</b>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Phone</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Work Phone</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cell Phone</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E-Mail Address</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Car (Make/Model, License Plate)</b>		
<b>Employer</b>		
Other Parent and Guardian at the Same Home Address		
<b>Work Phone</b>	<b>Okay to include in Directory?</b>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cell Phone</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E-Mail Address</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Car (Make/Model, License Plate)</b>		
<b>Employer</b>		

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

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.

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Signature of Parent and Guardian

Date