

WHBC After School Elementary Program
Student Information Card
2011-2012

School Information

Child's Full Name _____

School _____ Grade _____ Dismissal Time _____

School Phone # _____ Teacher _____

Pick-up Location (*cafeteria, media center, office, etc.*) _____

Home information

Parent(s) Names _____

Address _____ City/Zip _____

Phone # _____ Work # _____

Cell # _____ e-mail _____

Emergency Contact #s (*Sitter, neighbor, relative, close friend, etc.*)

Medical Information

Family Physician _____ Office # _____

Insurance Co. _____ Policy # _____

Special health needs, current medications, & food allergies (*please list below*)

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Does your child require a booster seat to ride on the church van? Yes _____ No _____

Would you consider being a part-time driver to assist with pick-up? Yes _____ No _____