

2011 - 2012 CCA STUDENT INFORMATION CARD

Oldest C.C.A. Student _____
Last First M.I. Birth date Grade

Student #2 _____
Last First M.I. Birth date Grade

Student #3 _____
Last First M.I. Birth date Grade

Student's Address City State Zip Code Home Phone Student's Cell Phone

Father's /Guardian Name Place of Employment Work Phone Cell Phone

Mother's /Guardian Name Place of Employment Work Phone Cell Phone

Mother's Email Address: _____ * Please indicate above with an * if you have a preference

Father's Email Address: _____ for which number above would be quickest/easiest to

Persons to be called in an emergency in lieu of parents: _____ reach in an emergency.

Name _____ Day Phone _____ Cell _____

Name _____ Day Phone _____ Cell _____

Please explain any special circumstances or arrangements in child custody:

Who, in addition to the parents, should be allowed to pick up my child?

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Doctor: _____ Phone _____

Is your child on any medication at this time? _____

Reason _____

Does your child have any allergies? Yes _____ No _____ Bee Stings? Yes _____ No _____

Explain: _____

I understand and comply with the school policy that my child will not be released to unauthorized persons without permission. The school will attempt to make contact with me, but will comply with this policy if I or my emergency persons are not able to be reached.

Signature: _____

Date: _____