

2018-19 CCA STUDENT INFORMATION CARD

Oldest C.C.A. Student	_____	_____	_____	_____	_____
	Last	First	M.I	Birth date	Grade
C.C.A. Student #2	_____	_____	_____	_____	_____
	Last	First	M.I	Birth date	Grade
C.C.A. Student #3	_____	_____	_____	_____	_____
	Last	First	M.I	Birth date	Grade

Student's Address	City	State	Zip Code	Home Phone	Student's Cell Phone
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Father's /Guardian Name	Place of Employment	Work Phone	Cell Phone
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Mother's /Guardian Name	Place of Employment	Work Phone	Cell Phone
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Mother's Email Address: _____

Father's Email Address: _____

* Please indicate above with an * if you have a preference for which number above would be quickest/easiest to reach in an emergency.

Persons to be called in an emergency in lieu of parents:

Name _____ Best Contact Number _____

Name _____ Best Contact Number _____

Please explain any special circumstances or arrangements in child custody:

Who, in addition to the parents and those listed on the as emergency contacts, should be allowed to pick up my child?

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ 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: _____