

# 2017 - 2018 CCA STUDENT INFORMATION CARD

Oldest C.C.A. Student \_\_\_\_\_

Last	First	M.I	Birth date	Grade
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C.C.A. Student #2 \_\_\_\_\_

Last	First	M.I	Birth date	Grade
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C.C.A. Student #2 \_\_\_\_\_

Last	First	M.I	Birth date	Grade
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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:** \_\_\_\_\_ \* 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:** \_\_\_\_\_