



Contact Card for Year 2019/2020

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother 4 digit sign-in ID: \_\_\_\_\_ and 4 digit sign-in password: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father 4 digit sign-in ID: \_\_\_\_\_ and 4 digit sign-in password: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Modifications: \_\_\_\_\_

Emergency/Authorized Pickup Contacts:

1) \_\_\_\_\_  
Name Phone number

2) \_\_\_\_\_  
Name Phone number