

## Student Information Card

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mother's Name / Phone Number

Days Attending:

Tues. \_\_\_\_

Wed. \_\_\_\_

Thurs. \_\_\_\_

Fri. \_\_\_\_

\_\_\_\_\_  
Father's Name / Phone Number

\_\_\_\_\_  
Emergency Contact/Relationship/Phone Number

Mother's Day Out has permission to put my child's picture on Facebook  
or in the newspaper:    yes \_\_\_ no \_\_\_\_

Comments and/or Medical Concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall/Spring  
\_\_\_\_\_

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Fall/Spring  
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