

Student Information Card

First Name Last Name Birthdate

Home Address City, State, Zip

Mother's Name / Phone Number Days Attending:
Tues. ____
Thurs. ____

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:

Summer _____

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