

Date Received: _____



Homeschool PE 2016/2017
Session: Fall / Spring

Child's Name: _____

Child's Birthdate: _____

Current Grade: _____

Prim Guardian Name: _____

Prim Guardian Email: _____

Prim. Guardian Home Phone: _____

Prim. Guardian Work Phone: _____

Prim. Guardian Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Guardian #2 Name: _____

Relationship to Child: _____

Guardian #2 allowed to pick up? _____

Guardian #2 Work Phone: _____

Guardian #2 Cell Phone: _____

Emergency Contact #1 Name: _____

Emergency Contact #1 Phone: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone: _____

List medical info needed about child: _____

Pick Up 1: _____

Pick Up 2: _____

Pick Up 3: _____

Pick Up 4: _____

How did you hear about our program? _____