



KHMS STUDENT INFORMATION

Please provide the requested information about your child and how to best reach you in event of an emergency.

Child's Name: _____ Birthday: _____ Grade: _____ Homeroom Teacher: _____

Mother/Female Guardian Information:

Name:	
Address:	
Cell Phone:	
Other Phone:	
Employer's Name:	
Work Phone:	

Father/Male Guardian Information:

Name:	
Address:	
Cell Phone:	
Other Phone:	
Employer's Name:	
Work Phone:	

Preferred email addresses: _____

Do you have internet access at home? YES NO (circle one)

Preferred method of contact (circle) by teacher: Phone call email note home

Language spoken at home? _____

Emergency Contacts (other than those listed above):

Name:	Relationship to child:	Phone Number(s):

How will your child be cared for afterschool? (please check)

YMCA at Kestrel _____ Parent pick-up _____ Van Service _____ Name: _____ Phone: _____

Carpool _____ Name: _____ Phone: _____
Name: _____ Phone: _____

Other people approved to pick up your child(ren): _____

Phone: _____