

Student Personal Information Sheet

Child's Name _____

Birth Date _____

SPONSOR 1:

SPONSOR 2:

In the event that the school needs to communicate with you during the day, please rank your preferred method of communication in the spaces provided below:

Please put an asterisk beside the address and phone number you would like your child to practice (beginning in Pre-K).

Name: _____
 Address: _____
 City/ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Text OK? Y/ N List carrier: _____
 Work Phone: _____
 Employer: _____
 E-mail: _____

Name: _____
 Address: _____
 City/Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Text OK? Y/ N List carrier: _____
 Work Phone: _____
 Employer: _____
 E-mail: _____

EMERGENCY INFORMATION

Pediatrician's name: _____
 Preferred Hospital: _____

Pediatrician's phone number: _____

In-area emergency contacts when parents cannot be reached:

| | | |
|-------------------|------------------------------|------------------------|
| Name: _____ | Relationship to Child: _____ | Can pick up child? Y N |
| Home Phone: _____ | Cell Phone: _____ | Work Phone: _____ |
| | | |
| Name: _____ | Relationship to Child: _____ | Can pick up child? Y N |
| Home Phone: _____ | Cell Phone: _____ | Work Phone: _____ |
| | | |
| Name: _____ | Relationship to Child: _____ | Can pick up child? Y N |
| Home Phone: _____ | Cell Phone: _____ | Work Phone: _____ |

Preferred method of communications with the school (special event notices, schedule updates, classroom and therapy information):

Backpack _____ E-mail _____ Both _____

It is your responsibility to inform us in writing if you need to add or remove authorized persons to pick up your child. Please indicate below other persons authorized to pick up your child.

Name: _____ Relationship to child _____ Contact #: _____
 Name: _____ Relationship to child _____ Contact #: _____

Known Allergies (Food Allergies will be reported separately): _____

Medical/ physical factors that may impact participation in school activities: _____

Please sign below if you are interested in participating in the CAOS PTO organization:

Sponsor 1 signature

Sponsor 2 signature

The CAOS PTO publishes a family directory that is useful for planning events and activities with other CAOS families and is not distributed for any other purpose. If you would like to be included in this directory, please provide consent to provide the following information to the CAOS PTO:

Parent name(s), e-mail addresses, cell phone numbers, home phone number, CAOS student's name, birth date, grade level, teacher and any siblings not at CAOS. Please mark through any items you do not wish to publish.

Sponsor 1 signature (**consent for PTO directory**)

Sponsor 2 signature (**consent for PTO directory**)

Please confirm receipt of the tuition policy. I/We plan to:

_____ Use Tuition Express (debit or credit cards) _____ Carle payroll deduction _____ Apply for exception

I/We have read and understand the following information.

_____ Illness policy

_____ Attendance policy

_____ Tuition policy

_____ Weather closure process

_____ Understanding of HIPAA regulations regarding communications

_____ Parent handbook

_____ University student placements

_____ Offsite walks

Please confirm you have read and understand the above:

Sponsor 1 signature

Sponsor 2 signature