

FACES REGISTRATION 2019-2020

1. Student Name _____ 2. Date of Birth _____

3. Name of Parent(s)/Guardian _____

4. Home Phone: (best number to contact you with) _____

5. Home Address _____

6. Contacts:

1. Name: _____ #: _____

Relationship to student: _____

2. Name: _____ #: _____

Relationship to student: _____

3. Name: _____ #: _____

Relationship to student: _____

7. Please list Student Siblings name and age that they reside with:

1. _____

2. _____

3. _____

4. _____

8. What is the primary way you child will go home each day? (i.e. bus, walk, pick-up):

*Please send a note or call the FACES office if there is going to be any changes in dismissal.

FACES REGISTRATION 2019-2020

Please Circle if any apply to your child:

(Note all information is confidential)

Allergies: Y N

Please list what type of Allergies: _____

Medical Conditions: Y N

Please list what type if conditions: _____

Permission:

Y N I give my child permission to watch PG movies.

Y N I give my child permission to wear sun block.

Y N I give my child permission to have their picture taken.

Y N I give permission to have my child's picture in the FACES closed Facebook page.