

PLEASE BRING TO THE FIRST DAY OF CLASSES

Trinity Classic Summer Information 2010

Child's name _____ Birthdate _____ Grade ____ Phone _____
Last First Area code - Number

Child's name _____ Birthdate _____ Grade ____
Last First

Street _____ City _____ Zip _____

Parent/Guardian's Name _____ E-Mail Address _____

Siblings:

Name _____ Birthdate _____ Grade ____ Name _____ Birthdate _____ Grade ____

Name _____ Birthdate _____ Grade ____ Name _____ Birthdate _____ Grade ____

Name _____ Birthdate _____ Grade ____ Name _____ Birthdate _____ Grade ____

Emergency Information

Father's place of employment _____ Phone _____ Pager/Cell _____

Mother's place of employment _____ Phone _____ Pager/Cell _____

Medical Insurance Company _____ Family Doctor _____ Phone _____

Hospital preference _____ Phone _____

In case my child becomes ill or is injured and parents cannot be reached, call the following person that I have contacted:

Name _____ Address _____ Phone _____

Physical conditions that may need special care:

If emergency treatment is required, and parents or legal guardians cannot be reached immediately, your signature in the space below authorizes the school authorities to call the physician indicated above, or if not available, to transport my child to a hospital emergency room.

Parent/guardian signature _____ Date _____

Please notify the school office immediately as to changes or modifications to any or all of the information stated.
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