

# CARES

## CONTACT INFORMATION

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Last Name	First Name	Male	Female	Birth Date	Grade/Room
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Home Address	City	Zip Code	Home Phone
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Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED CONTACT:**

**Authorized to P/U**

1. \_\_\_\_\_ \   \   \

Name	Relationship to Student	Day Phone	Yes	No
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2. \_\_\_\_\_ \   \   \

Name	Relationship to Student	Day Phone	Yes	No
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3. \_\_\_\_\_ \   \   \

Name	Relationship to Student	Day Phone	Yes	No
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Any Allergies \   \   \

Yes          No

If yes, Please List: \_\_\_\_\_

Please describe any other special concerns below: \_\_\_\_\_

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**Parent Signature**