

GCA Teacher Information Sheet 2017-2018

Check all that apply to your child

K4 School only ___ (8-11:30)

K4 all day ___

K5/Grade School only ___(8-3)

After school care ___ (3-6)

Summer/Holiday care ___

Name _____
Last First Middle

Male ___ Female ___ Grade ___ Age ___ DOB _____

Address _____
Street City Zip

Home# _____ Mother cell# _____ Father cell# _____

Emergency# _____ Person at this # _____

Father's Name _____ Work# _____

Mother's Name _____ Work# _____

Pupil lives with: ___ Both Parents ___ Mother Only ___ Father Only ___ Legal Guardian (specify)

Name _____ Phone# _____

Church Attending _____

List below whom to call first if GCA is unable to reach you. This also gives permission for these individuals to pick your child up from school or day care. Notify the office if anything changes.

Name Phone# Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

Physician's Name _____ Phone # _____

Is child on any daily medication ___ What? _____

List any allergies (food, bee stings, ant bites, medicines, etc) _____

Corporal Discipline: Yes ___ No ___

Parent/legal Guardian signature _____ Date _____