

MIAMI CHRISTIAN SCHOOL STUDENT INFORMATION CARD

Name (Last) (First) (Middle) Grade/Section

Address (Street) (Apt. #) (City) (Zip) Date of Birth

Home Phone Father's work # Mother's work #

Parents :Beeper (F) Beeper (M) Cellular (F) Cellular (M)

Primary e-mail Student's Cellular Phone # (if any)

Name and grd of other children now at MCS Church

Full Name of Father Full Name of Mother

Occupation Occupation

Place Employed Place Employed

Address of Parent M or F (if different than student) (Street) (Apt. #) (City) (Zip)

Name of Person With Whom Student Lives (if not parent) Home Phone

Cellular Beeper

Relationship to Student Place Employed Work Phone

EMERGENCY CONTACT

This section MUST BE COMPLETED:

If the parent cannot be reached, the persons below should be contacted in an emergency; these persons are also authorized to make transportation arrangements for my child(ren).

Name

Address

Home Phone Bpr/Cell

Relationship to Student

Name

Address

Home Phone Bpr/Cell

Relationship to Student

Please indicate anyone who should not pick up your child:

Family Doctor

Phone

Hospital Phone

Student Name

In addition to the emergency contacts, these persons are authorized to pick up my child(ren):

- 1.
2.
3.
4.

MEDICAL CONDITIONS

List disabilities, allergies, or any medication presently or regularly used:

[Blank lines for medical conditions]

Father's Signature

Mother's Signature