

CAOS Student Personal Information Sheet

Child's Name: _____ Birth Date: _____

Grown Up 1: _____ Grown Up 2: _____

In the event that the school needs to communicate with you during the day, please rank your preferred method of communication in the spaces provided below:

Please put an asterisk beside the address and phone number you would like your child to practice (beginning in Pre-K).

Name: _____ Name: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

_____ Home Phone: _____ _____ Home Phone: _____

_____ Cell Phone: _____ _____ Cell Phone: _____

_____ Text OK? Y/N List Carrier: _____ _____ Text OK? Y/N List Carrier: _____

_____ Work Phone: _____ _____ Work Phone: _____

Employer: _____ Employer: _____

_____ E-mail: _____ _____ E-mail: _____

Family: Please list all persons living in the household(s) with the student. Please provide ages of other children in the home:

Name	Nickname	Relationship	Sex	Age

EMERGENCY INFORMATION

Pediatrician's Name: _____ Pediatrician's Phone Number: _____

Preferred Hospital: _____

In-area emergency contacts when parents cannot be reached:

Name: _____ Relationship to Child: _____ Can pick up child? Y N

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Can pick up child? Y N

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Can pick up child? Y N

Home Phone: _____ Cell Phone: _____ Work Phone: _____

It is your responsibility to inform us in writing if you need to add or remove authorized persons to pick up your child. Please indicate below other persons authorized to pick up your child.

Name: _____ Relationship to Child: _____ Contact #: _____

Name: _____ Relationship to Child: _____ Contact #: _____

Known Allergies (Food Allergies will be reported separately): _____

Medical/physical factors that may impact participation in school activities: _____

Please sign below if you are interested in participating in the CAOS PTO organization:

Sponsor 1 Signature

Sponsor 2 Signature

The CAOS PTO publishes a family directory that is useful for planning events and activities with other CAOS families and is not distributed for any other purpose. If you would like to be included in this directory, please provide consent to provide the following information to the CAOS PTO:

Patent name(s), e-mail addresses, cell phone numbers, home phone number, CAOS student's name, birth date, grade level, teacher and any siblings not at CAOS. Please mark through any items you do not wish to publish.

Sponsor 1 Signature (consent for PTO directory)

Sponsor 2 Signature (consent for PTO directory)

Please confirm receipt of the tuition policy. I/We plan to:

_____ Use Tuition Express (debit or credit cards) _____ Carle payroll deduction _____ Apply for exeption

I/We have read and understand the following information.

_____ Illness policy

_____ Attendance policy

_____ Tuition policy

_____ Weather closure process

_____ Understanding of HIPAA regulations regarding communications

_____ Parent handbook

_____ University student placements

_____ Offsite walks

Please confirm you have read and understand the above:

Grown Up 1 Signature

Grown Up 2 Signature