

# St. Anselm PSR Student Information

Please complete for each individual and return by **September 24, 2018**

## Basic Information:

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contact Information:

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

## Transportation: Drop off and Pick up

If a parent guardian is not able to be present at drop off or pick up for the St. Anselm PSR program please name another chosen guardian that would be present:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note: For the safety of each student we would like all parents/guardians to walk their child into the St. Anselm West Entrance door to drop off their child in the classroom and pick up at dismissal time in the classroom. Thank you for your support!**

## Confidential Information:

Child Allergies: \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

Anything we should know about your child that would benefit the teachers/classroom?

\_\_\_\_\_

How many siblings? \_\_\_\_\_

Hobbies: \_\_\_\_\_