

Student Name: _____

Grade entering: _____

Guardian Name: _____

Phone Number: _____

Guardian email: _____

Will this child need busing: ____ YES ____ NO

If yes, Address child will be located at during Early Start:

This is child's: ____ home ____ daycare ____ babysitter

If child does not need busing: all children will need to be dropped off in rear of building between 8:50-8:55 and picked up in same location between 11:55- 12:00.

If child will be picked up, please list names of adults picking up child: (adult must have photo ID to pick up child)

Name:

Relationship to child:

****You will be notified by email Thursday, July 29 as to whether the class will be held****