

# FACES REGISTRATION 2021-2022

1. Student Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_

3. Name of Parent(s)/Guardian \_\_\_\_\_

4. Home Phone: (best number to contact you with) \_\_\_\_\_

5. Home Address \_\_\_\_\_

6. Contacts:

1. Name: \_\_\_\_\_ #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_ #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

3. Name: \_\_\_\_\_ #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

7. Please list Student Siblings name and age that they reside with:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

8. What is the primary way you child will go home each day? (i.e. bus, walk, pick-up):

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\*Please send a note or call the FACES office if there is going to be any change in dismissal.

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**Please Circle if any apply to your child:**

(Note all information is confidential)

Allergies: Y N

Please list what type of Allergies: \_\_\_\_\_

Medical Conditions: Y N

Please list what type if conditions: \_\_\_\_\_

**Permission:**

Y N I give my child permission to watch PG movies.

Y N I give my child permission to wear sun block.

Y N I give my child permission to have their picture taken.

Y N I give permission to have my child's picture in the FACES closed Facebook page.

Y N I give permission for my child's picture to be on the FACES website.