

# Student Information Card Curb Side Pick-up Authorization School Bag

## Student Information Card 2020-21

Student Name _____	DOB _____	Class (Days) _____
Allergies & or Food Restrictions <input type="checkbox"/> N <input type="checkbox"/> Y Please list: _____		
Address _____	City _____	IL Zip _____
Home Phone _____	Main Email _____	
First contact (ex. Mom) _____	Phone _____	
Emergency Contact (other than parent): Name _____		
Phone _____	Relationship _____	
Mom's name: _____	Dad's name: _____	
Cell: _____	Cell: _____	
Email: _____	Email: _____	
<b>Please circle:</b>	Mom	Dad
Can you receive Text message?	Yes No	Yes No
Can you receive Photo messages?	Yes No	Yes No
Allowed to receive either through the day?	Yes No	Yes No
<b>Please check all applicable:</b> JFK has permission to post my child's photo on _____		
<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Newsletter <input type="checkbox"/> Advertising		
Additional Information for Teachers:		

## Curb Side Pick- up Authorization Form 2020-21

My Child's Name _____	Class _____	AM / PM _____
Model, make, and color of our car (s) _____		
You will need one placard per car. I would like _____ number of copies. I will be carpooling with (Provide other children's names) or n/a _____		
Parent/Guardian signature _____	Date _____	

### Just For Kids School Bag (2020-21)

The first name and last initial will be written on the bag. Please indicate how you would like your child's first name to appear.

Child's first and last name \_\_\_\_\_ Preschool Class \_\_\_\_\_

I would like my child's name to appear as: My Child's First Name \_\_\_\_\_ Last Initial \_\_\_\_\_

\_\_\_\_\_ I have included the \$5 for the school bag

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Amount Paid \_\_\_\_\_