Tidioute Community Charter School
Child History and Emergency Contact Information

Child's
Name:_____DOB:_____
Last First Middle
Nickname: _____Male:_____Female:_____

Child's Social Security Number: _____

Name(s) of other children in the family: _____

Name(s) of anyone else who is regularly in the home: _____

Can the child understand basic spoken English: _____

Can the child communicate in English: _____

_____

Persons other than the parents authorized to pick up child:

	Name	Relationship	Phone #er:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Parents/Guardian Signature:_____

Date: _____