



# CIA Punch Card

## Information Sheet 2018-2019

Child's Name	Today's Date
Nickname (if applicable)	Gender
Address	Birthdate
Home Phone	Age
Parent Email Address	

**School (Tarkington, Twain, Whitman, Field): \_\_\_\_\_**

**Parent/Guardian with whom child lives:**

Name	Relationship
Business Name	Business Phone
Cell Phone	Home Phone
Name	Relationship
Business Name	Business Phone
Cell Phone	Home Phone

**Authorized people allowed to pick up and drop off child. Additionally, in the event of an emergency, and the parent/guardian is unable to be reached, the above named child may be released to:**

Name	Relationship
Home Phone	Cell Phone
Business Phone	
Name	Relationship
Home Phone	Cell Phone
Business Phone	
Name	Relationship
Home Phone	Cell Phone
Business Phone	
Name	Relationship
Home Phone	Cell Phone

Business Phone	
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**Medical Information**

Child's Physician
Address
Phone

**Does your child have any medical conditions, food allergies, or any other issues that would impact his/her CIA experience? If yes, please use this space to explain those conditions.**


**Please describe any accommodations needed for successful inclusion in the CIA program.**


**Additional Comments (including information about your child to help staff better understand your child)**


**By signing this form, I hereby grant permission for the emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.**

Parent/Guardian Signature

Date

\_\_\_\_\_signed waiver on file