

The Friends Academy Drop-In Care

Student Information:

Full Name: _____

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Child's Physical Address: _____

Primary Hours of Care:

From: _____ to: _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack

Family Information:

Child Lives With: _____

Mother's Name: _____ Mother's Address: _____

Mother's Home Phone: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Father's Address: _____

Father's Home Phone: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____