

Student Information ~ Emergency Card Spring 2021

Student Name:	D.O.B	Grade
Address:	City:	7IP
	Gity.	
Mother/Guardian:		
Address:	City:	ZIP
-Mail Address:		
	Cell Phone:	
ather/Guardian:		
Address:	City:	ZIP
E-Mail Address:		
	Cell Phone:	
People (other than parent/guardian)	authorized to pick up child from KOZ / Su	unday School / VBS:
l	Relationship to child:	
2	Relationship to child:	
Special Instructions regarding pick u	p of child:	
Yes, I give my permission to publish	photos. Sign here:	

	Grade:
	Grade:
	Grade:
e Indicate Any Other Important Inf	
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