

AGAPE Student Information Sheet

Student's Full Name	
Nickname of Student	
Mother's Name	
Mother's Phone Number	
Father's Name	
Father's Phone Number	
Preferred email address	
Legal Status of child's custody	Both Parents____Mother____Father____Other_____
Persons Authorized to pick up your child	
Persons NOT AUTHORIZED to pick up your child:	*we are required by law to have legal documentation on file for a parent not authorized to pick up
Physician's Name	
Physician's Phone Number	
Preferred Hospital	Name Phone #
Emergency Contacts <i>VA law requires 2</i>	Name: Phone #
	Name: Phone #
Does your child have an allergy?	Yes or No (please circle)
If yes, what is the allergy?	
How does it affect your child?	
What should be done in case of an allergic reaction?	
Does your child have any chronic physical or developmental problems of which AGAPE needs to be aware?	