

INFORMATION CARD
PURDUE UNIVERSITY NORTH CENTRAL

Child's Name _____ Allergies _____
last first

Address _____, _____, _____, _____
street city state zip

Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

People authorized to sign child in:

	Name	Relationship to child	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If an emergency arises, the persons listed below may to be contacted to pick up my child in the event that I cannot be reached.

	Name	Relationship to child	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Birth Date _____ / _____ / _____ Parent SS# _____

Child's Doctor _____
Name Phone

Parents Schedule

List course name, building and room number

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:00					
8:00 - 9:00					
9:00 - 10:00					
10:00 - 11:00					
11:00 - 12:00					
12:00 - 1:00					
1:00 - 2:00					
2:00 - 3:00					
3:00 - 4:00					
4:00 - 5:00					
5:00 - 6:00					
6:00 - 7:00					

Do you wish to be called from class for minor accidents?

Yes No Some (please specify) _____