



**Family Information/ Permission Form (need to fill)**

Please Print All Information CLEARLY for ALL of your children attending DAS this year.

**\*Allergy:** list any allergies if none leave space blank

**\*Walking:** Sometimes the teachers may take the students on a walking trip around the neighborhood or local park. If you give permission for your child to go, mark space with 'Y', if you don't give permission, mark with 'N'.

**\*Photo/ Video:** If you give permission for your child's picture or video to be used by the school for marketing, mark with 'Y', if you don't mark with 'N'.

**\*\*\*\* If you leave the Walking and Photo sections blank, the school assumes that you have given permission and will act accordingly.**

Student's Name	DOB	Grade	Allergy	Walking	Photo
1.					
2.					
3.					
4.					
5.					

**PARENT CONTACT INFORMATION: (Please Print All Information CLEARLY)**

	MOTHER	FATHER
Name:		
Address:		
Home Phone #:		
Cell Phone #:		
Work Phone #:		
Email Address:		
Lives with:		

**EMERGENCY CONTACT INFORMATION:**

List two neighbors or nearby relatives who will assume temporary care of your son/daughter if you cannot be reached in case of an illness or emergency:

	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBERS
EMERGENCY CONTACT 1			TEL: CELL:
EMERGENCY CONTACT 2			TEL: CELL:

The following persons are authorized to pick up my child(ren):

_____	_____	_____
1- Name & cell number	2- Name & cell number	3- Name & cell number
_____	_____	_____
MOTHER'S NAME (PLEASE PRINT)	MOTHER'S SIGNATURE	DATE
_____	_____	_____
FATHER'S NAME (PLEASE PRINT)	FATHER'S SIGNATURE	DATE