

# Hypointe Childcare - Student Information Sheet

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name and/or Legal Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name and/or Legal Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

Digital Media Permission:  Yes, my student may participate in the class digital media presentations.

No, my student may NOT participate in the class digital media presentations.

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