



Wonderful Wednesday
Student Information Sheet

Student's Name: _____ Name they go by: _____

Date of Birth: ____/____/____ Gender: _____ Grade: _____

Address: _____

School: _____ Home Church: _____

Allergies: _____

Medical Concerns: _____

Mother/Guardian Name: _____ Email: _____

Place of Employment: _____

Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone:(____)_____

Father/Guardian Name: _____ Email: _____

Place of Employment: _____

Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone:(____)_____

Child Resides With: _____

Name and Grade of other children in the home:

Emergency Contact Information

In the case that the parent/guardian is unavailable in an emergency, please contact the following:

Name Phone Number Relationship to Child

Name Phone Number Relationship to Child

