

# LIVING WORD CHRISTIAN ACADEMY

## STUDENT INFORMATION UPDATE SHEET

Please fill in the blank with the new student information and submit to the office.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Dad's Cell #: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name (1): \_\_\_\_\_

Emergency Contact Number (1): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_

Emergency Contact Number (2): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Number: \_\_\_\_\_

Medical condition and/or allergies: \_\_\_\_\_

I authorize LWCA to call my child's physician if necessary: \_\_\_\_\_

(over)

Parent Signature

## **LWCA Student Drop Off/Pick Up Authorization (2011-2012)**

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please indicate below with an (X) the DROP OFF AND PICK UP ARRANGEMENTS for your child.**

\_\_\_\_\_ Child will be picked up at normal dismissal time (3:30pm Monday to Friday)

\_\_\_\_\_ Child will attend the Before Care Program (7:00am to 8:30am Monday to Friday)

\_\_\_\_\_ Child will attend the After Care Program (3:30pm to 6:00pm Monday to Friday)

\_\_\_\_\_ Child will attend both the Before and After Care Program (3:30pm Monday to Friday)

**PLEASE INDICATE BELOW THE PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD.**

	NAME	RELATIONSHIP	CONTACT#
1			
2			
3			
4			
5			
6			