Family Information

(please circle the preferred number you wish us to call first)

Mother's Name:	Mother's	Mother's Email:	
Mother's Phone: Work	Cell		
Father's Name:	Father's	Father's Email:	
Father's Phone: Work	Cell		
Home Address:			
City:	State:	Zip Code:	
I understand that I will receive week email address necessary for the best possib Call in case of emergency: (friend or rela	ble communication t	between the school and parents.	
Name:	Address		
Phone #	I choose not to designate an emergency contact.		
Authorization to Pick Up (other than pare	ents)		
Name:	Name:		
Phone:	Phone:		
Water Activities: I hereby give - co	onsent for my child t	o participate in water activities:	
<b>Transportation:</b> I hereby give - con operation's employees:	sent for my child to	be transported and supervised by the	
For emergency care			
3901 North Star Road, Richardson, Texas 75082 Ph	n. 972-669-9454	Fax 469-916-9592 REV 1/6/14	