



3005 Loop 150 East ♦ Bastrop, TX 78602



Parent/Guardian Info:

Father:		Mother:	
Address:	City:	State:	Zip:
Email:	Home/Cell:	Email:	Home/Cell:
How would you like to be contacted? <input type="checkbox"/> Call Cell <input type="checkbox"/> Text Cell <input type="checkbox"/> Other			
Church you Attend:			

Security Info:

Emergency Contact Name:		Phone:	
Relationship:	The following have permission to pick up my child/student:		
Parent/Guardian Signature:			

Child 1

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 2

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 3

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 4

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 5

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 6

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 7

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 8

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 9

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 10

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use:

Child 11

Name:		Current Grade:	Age (as of 9/1/17):
		Male or Female	
Birthdate mm/dd/yyyy:	Allergies or Medications:		
Special Instructions:			Office Use: