

# Room 9

## Contact Information 2009

Child's name: \_\_\_\_\_

Parent/Caregiver 1 Name : .....

Home Phone : ..... Work/daytime Phone: .....

Cell Phone: .....

Address : .....

.....

Email address: .....

Occupation/type of work: .....

Parent/Caregiver 2 Name : .....

Home Phone : ..... Work/daytime Phone: .....

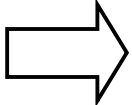
Cell Phone: .....

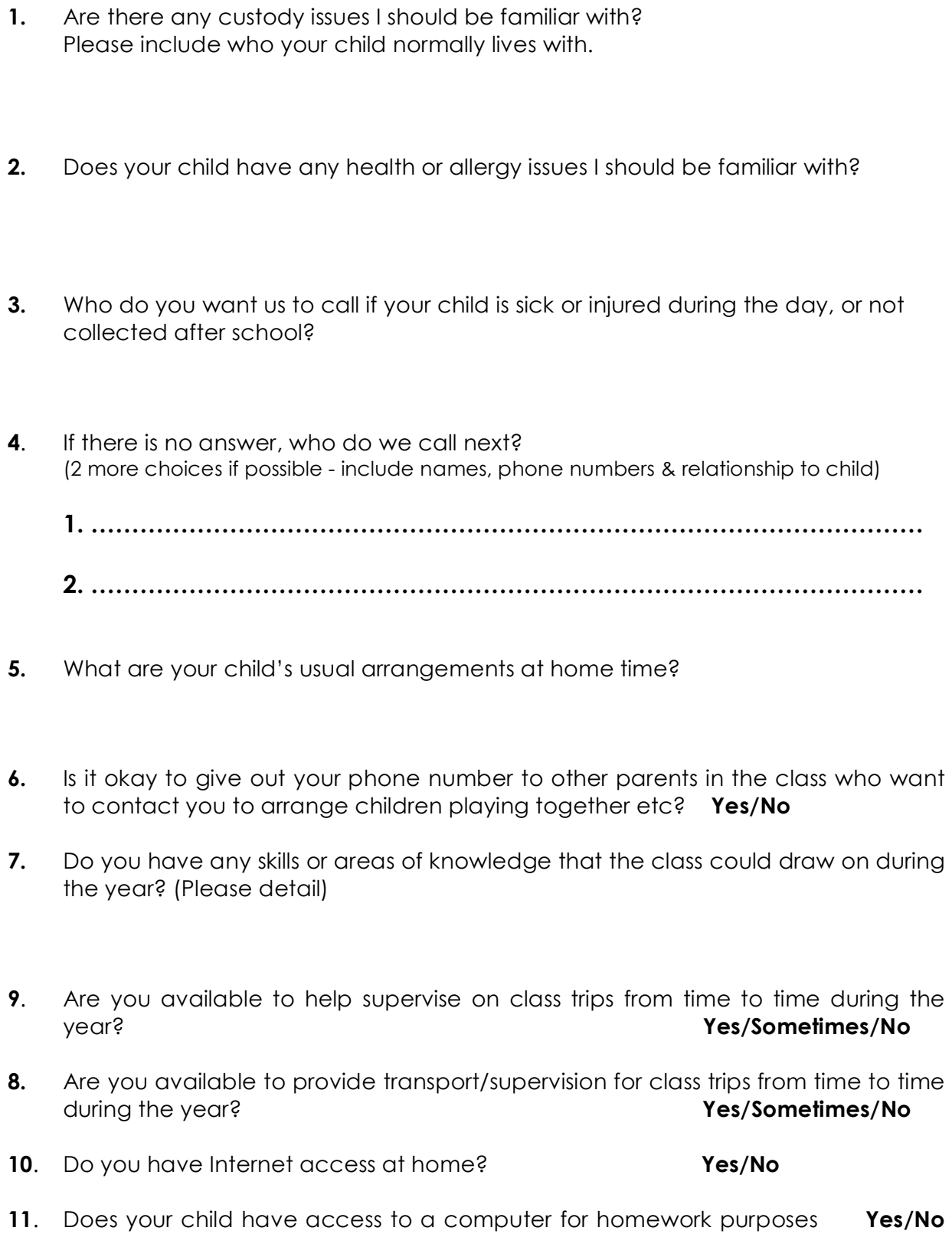
Address : .....

.....

Email address: .....

Occupation/type of work: .....

PTO 

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1. Are there any custody issues I should be familiar with?  
Please include who your child normally lives with.
  
  2. Does your child have any health or allergy issues I should be familiar with?
  
  3. Who do you want us to call if your child is sick or injured during the day, or not collected after school?
  
  4. If there is no answer, who do we call next?  
(2 more choices if possible - include names, phone numbers & relationship to child)
    1. ....
    2. ....
  
  5. What are your child's usual arrangements at home time?
  
  6. Is it okay to give out your phone number to other parents in the class who want to contact you to arrange children playing together etc? **Yes/No**
  
  7. Do you have any skills or areas of knowledge that the class could draw on during the year? (Please detail)
  
  9. Are you available to help supervise on class trips from time to time during the year? **Yes/Sometimes/No**
  
  8. Are you available to provide transport/supervision for class trips from time to time during the year? **Yes/Sometimes/No**
  
  10. Do you have Internet access at home? **Yes/No**
  
  11. Does your child have access to a computer for homework purposes **Yes/No**

**Many thanks for completing this** 😊  
*Rachel*