



Wonderful Wednesday  
**Student Information Sheet**

Student's Name: \_\_\_\_\_ Name they go by: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female 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, Sex, Age, 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