



<i>Learner</i>		<i>DOB</i>	
<i>Address</i>			
		<i>Home Phone</i>	

<i>Mother</i>		<i>Phone</i>	
		<i>email</i>	

<i>Father</i>		<i>Phone</i>	
		<i>email</i>	

<i>Other Emergency Contact</i>		<i>Phone</i>	
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		<i>Office Use</i>
<i>Medications regularly</i>		
<i>Allergies</i>		
<i>Special Needs</i>		
<i>Immunization Record attached</i>	MANDATORY	

<i>School</i>		<i>Entering Grade</i>	
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		<i>Initials</i>
<i>Emergency Information</i>	In the event of an emergency, I hereby give qualified medical personnel permission to secure proper treatment for my child, including, if necessary, hospitalization. I understand that I will be contacted immediately in such a case.	

<i>Photographs</i>	I GIVE my permission to photograph my child in conjunction with programs in CAS Learning and Engagement Center. These pictures may be reproduced and entered into the CAS Bulletin, CAS website, Texas Jewish Post, local newspapers, and TV stations. I, the parent or legal guardian, agree to hold harmless CAS Learning & Engagement Center and its representatives from any claims or cause of action directly or indirectly related to the photos and to waive all monetary or other claims that might arise as a result of any lawful use of these materials. I certify that I am the parent or legal guardian and am authorized to give permission and consent.	
	I do NOT wish my child to be photographed. I certify that I am the parent or legal guardian and am authorized to withhold permission and consent.	

<i>Field Trips</i>	I give permission for my child to go on supervised field trips	
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<i>Signature of parent or legal guardian</i>	<i>Date</i>
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