

# **BBNA Head Start**

PO Box 310 Dillingham, AK 99576  
907-842-4059

## **SUPPLEMENTAL CHILD INFORMATION**

CHILDS NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COMMUNITY: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

### **Bus Pick up & Drop off info:**

Pick-up Location: \_\_\_\_\_

Drop off Location: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

### **EMERGENCY CONTACTS (Do not include primary and secondary parents)**

**Who can we call in an emergency if we cannot locate a parent?**

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Release to?  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Release to?  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **RELEASE CHILD TO (must be at least 12 years old)**

**Who can pick up your child from the classroom or bus stop?**

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

Name 4: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

Name 5: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

Name 6: \_\_\_\_\_ Relationship: \_\_\_\_\_ # To call: \_\_\_\_\_

(Use additional paper if necessary) **FAMILY MEMBER INFORMATION**

First and Last Name	Birth Date	Gender	Highest Grade Completed	Employment Status	Parent/Guardian e-mail
Primary Parent:		M F		<input type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal	
Secondary Parent:		M F		<input type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal	
First and Last Name of Children (Birth – 5)	Birth Date	Gender	First and Last Name of Children (Birth – 5)	Birth Date	Gender
		M F			M F
		M F			M F
		M F			M F
		M F			M F

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_