



# Green Mountain Performing Arts

## Family/Student Contact Information 2019/2020

Student ('s) Last Name: \_\_\_\_\_

1<sup>st</sup> Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

2<sup>nd</sup> Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

3<sup>rd</sup> Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Family Mailing Address: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Email: (only list if Father wants to receive all GMPA emails): \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Emergency Contact & Relationship (other than parents): \_\_\_\_\_

Is there anything else we need to know about your family or the students listed above?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete if your child will be taking the bus from TBPS or CBMS to GMPA:

\_\_\_\_\_ will be taking the bus from TBPS CBMS on \_\_\_\_\_

Student Name

Circle One

Insert Day of Week

\_\_\_\_\_ I acknowledge that it is my responsibility to inform the school of this plan.

Your Initials

Please complete if your child requires extra care prior to or post class:

\_\_\_\_\_ will need extra care prior/post class on \_\_\_\_\_ at \$6/hour

Student Name

Circle all that apply

Insert Day of Week