



Classroom Family Contact Information List

Please complete your information so that our teacher and room parents know how to best communicate with you during the year.

| Full name of Child (first and last) | Full name of parent (first and last) | Address | Cell or Home Phone | Email | OK to contact you via email? | List Child's Food Allergies |
|-------------------------------------|--------------------------------------|---------|--------------------|-------|------------------------------|-----------------------------|
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |

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| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
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| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |
| | | | | | Yes No | |