

Contact Information and Preferences

Childs Name: _____

Parent(s) Name: _____

Home Address: _____

Home Phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

Please indicate how you would like to be contacted. (**Select all that are applicable**):

Home Phone

Cell phone

Work phone

E-mail

Best time of day to be contacted (**Select all that are applicable**):

Morning (8 am -11 am)

Early Afternoon (11 am – 2 pm)

Afternoon (2 pm- 5 pm)