

PARENT COMMUNICATION FORM

Child's Name _____

First

Last

Parent Information

MOTHER

FATHER

Name _____

Name _____

Work

Work

Phone Number: _____

Phone Number: _____

Best Times to Call*: _____

Best Times to Call*: _____

*I understand that certain businesses do not allow personal calls during working hours. If you are not able to receive personal calls at work, please check this box

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Home

Home

Phone Number: _____

Phone Number: _____

Best Times to Call: _____

Best Times to Call: _____

Cell Phone

Cell Phone

Phone Number: _____

Phone Number: _____

Email Address _____

Email Address _____

Please send me emails about class reminders and events.

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