

**Wellington Christian Academy  
Information Update Sheet  
2010-11 School Year**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ or

Home Address: \_\_\_\_\_ Preschool \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Contact E-mail address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any medical condition of which we should be aware (e.g. asthma, diabetes): \_\_\_\_\_

**Father's Information:**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone Number (if different from above): \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone Number (if different from above): \_\_\_\_\_

**(OVER)**

**Pickup information:**

The following people are allowed to pick up your student at school. Student safety is one of our main concerns at WCA. Please contact school to make arrangements if someone other than the “normal” pick up person will be picking up your child.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list below, responsible persons we can contact in the event of an emergency. Please include father and mother of child (if applicable) and at least one other person we can contact if we cannot reach either parent.

Name	Home phone	Cell phone	Work phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____