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School _____

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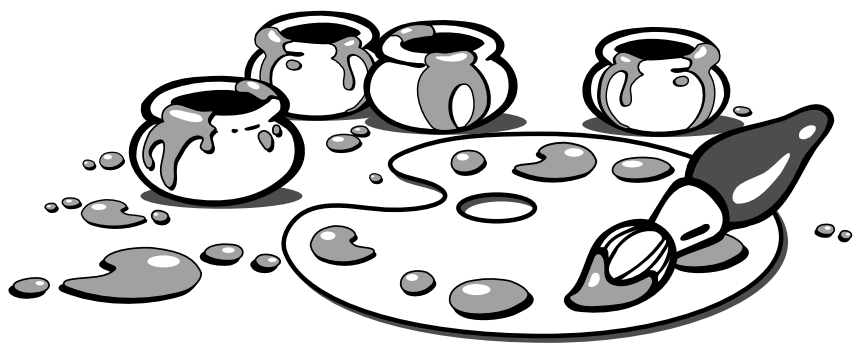
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Student Roster

 Child's Name/Age 	Days Attending	 Parents/Caregivers 	 Phone Numbers 
1 _____ Birthdate _____ Age <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Mother _____ Father _____ Caregiver _____	Mother _____ Father _____ Caregiver _____
2 _____ Birthdate _____ Age <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Mother _____ Father _____ Caregiver _____	Mother _____ Father _____ Caregiver _____
3 _____ Birthdate _____ Age <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Mother _____ Father _____ Caregiver _____	Mother _____ Father _____ Caregiver _____
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5 _____ Birthdate _____ Age <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Mother _____ Father _____ Caregiver _____	Mother _____ Father _____ Caregiver _____

