

375 Pearl Street
Brooklyn, NY 11201
brooklynfriends.org
T 718-852-1029
F 718-643-4868



FORMS ARE DUE JULY 15

June 2011

Dear Parents,

Please complete the attached **Household Information form**. This information is used for the school directory, to contact you in an emergency, and for your child(ren)'s transportation form. Please **return all pages no later than July 15**.

AlertNow: On the form, please indicate with an asterisk (*) which two phone numbers you want us to use for the **AlertNow** emergency notification system – for snow-day or power outage closings, or other emergencies. If no numbers are marked, we will use your home phone number and the first listed parent's cell phone.

If you plan to move between July 15 and September 1, please include that information on the forms. We will change your address at the appropriate time.

In trying to be more 'green', the School provides much information to parents via Enews, our emailed newsletter, or web postings, rather than multiple mailings. Please provide **at least one email for each family (maximum of two)**.

Please mail to the school, attention Ginny Terry, Database Administrator, or fax to my attention at 718-643-4868. PDF versions can be emailed to me at gterry@brooklynfriends.org. During the school year, any changes in this information must be emailed to me as well.

We appreciate your cooperation. Again, please return promptly.

Sincerely,

A handwritten signature in cursive script that reads 'Ginny Terry'.

Ginny Terry
Database Administrator

HEALTH FORM REMINDER: Go to <http://www.brooklynfriends.org/healthforms> to download and print your child's forms. They need to be returned to school by **August 15**.

Household Database Information

Student's Name	Preferred Name	Grade	Birthdate

Please indicate two AlertNow numbers with an asterisk.
Work information will not be included in the printed directory.

Parent/Guardian Name: _____
Address _____

Home Phone: _____

Parent/Guardian Name: _____
Employer: _____
Position: _____
Phone numbers:
 Cell _____
 Work _____

Email address: _____

Parent/Guardian Name: _____
Employer: _____
Position: _____
Phone numbers:
 Cell _____
 Work _____

Email address: _____

**ALL forms are to be returned as soon as possible (by July 15) to
 Ginny Terry, Database Administrator, by mail or fax (718-643-4868). Thank you.**

Student's Name	Grade

If you have a primary child care provider, please list that person here:

Child care provider:

Phones: 1. cell:
2. home:

Emergency Contacts other than parents or guardians:
please list at least one

Name: relationship:
Phones: 1. home:
2. work:
3. cell:

Name: relationship:
Phones: 1. home:
2. work:
3. cell:

Name: relationship:
Phones: 1. home:
2. work:
3. cell:

Name: relationship:
Phones: 1. home:
2. work:
3. cell:

Student's Name	Grade

We would like to include your child's **grandparents or other special friends** in both our community and our mailing list - please list relatives or friends who would enjoy receiving our mailings. (If you have completed this form in past years please just send any updates.)

Name: _____ **Relationship** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Name: _____ **Relationship** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

We would also like to know more about our parents:

Name: _____

Volunteer Activities: _____

Education – Secondary: _____ **College:** _____

Name: _____

Volunteer Activities: _____

Education – Secondary: _____ **College:** _____