

*Saint Vincent College STEP-UP Enrichment Program*

**On-File Information Form**

(Please print this form and send the completed copy with your payment.)

Name(s) of student(s), Grade(s), Birthdate(s)	<u>Student name</u>	<u>Birthdate</u>	<u>Approx. Grade</u>
	1. 2. 3. 4. 5. 6. 7.		
Parent/Guardian			
Contact Information	Address:  Cell Phone:  Home Phone:  Email:  In case of emergency:		
Health concerns/ restrictions, allergies, special needs:			
Child Custody	____ There are no child custody issues and the child may go with either parent.  ____ There are child custody issues. The restrictions are as follows:		
Audio-Visual Release	____ Yes, I give permission for my child(ren) to be photographed within the STEP-UP classroom for the purpose of a press release, to post on the website, or to present the STEP-UP Program in an academic setting.  ____ No, I request that my child(ren) not be part of a photograph.		