



PLEASE RETURN BY FRIDAY, SEPTEMBER 19

Family Information Questionnaire

The Zervas PTO maintains contact information for each of our families. As explained below, some information is published in the Zervas Directory (but only with your permission), and some is held confidential and used only by Zervas staff, PTO officers, and Room Parents in case of an emergency.

Please review this information and make any corrections or additions. Then sign below and return this form to the PTO box in the Zervas office -- or send it to class with your child -- by Friday, September 19. Thanks.

Contact Information

Family Name: _____

We use these addresses for weekly emails and infrequent postal mailings. Cell phones are for the directory, if you wish.

| Parents: | First and Last Name | Email | Cell Phone | Relation |
|----------|---------------------|-------|------------|----------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

Address: _____

Phone: _____

Children: _____

When checked, this box indicates you do NOT want paper copies of the Zervas Notes monthly newsletter and will read it online:

Directory Information

If (and only if) we receive your permission, we will publish the information shaded above in the Zervas PTO Directory, which is distributed to Zervas parents. Your permission will remain valid as long as you have children at Zervas. PLEASE CHECK ONE: I want this information INCLUDED in or EXCLUDED from the Directory. To OMIT an email address or cell number from the directory, mark an X at the end of that field.

Emergency Contacts

In an emergency, the Zervas staff, PTO officers, and Room Parents call the following in sequence until contacting one.

| Seq | May pick up children? | NAME | PHONE/EMAIL | TYPE | COMMENT |
|-----|-----------------------|------|-------------|------|---------|
| | | | | | |

- I give permission for my child to go home with any of the Emergency Contacts that are checked.
- I also give permission for my child to go home with any parent in my child's classroom.
- I also give permission for my child to go home with any person listed below or on back of form.

Parent's signature and date: _____