



Alliance Française

Portland • **Maine**

Student Information

First name _____ Last name _____

Birth date _____

Can the child speak French? Not at all, beginner, intermediate, bilingual

Parent/Legal Guardian Information

Name(s): _____

Parents' Address(es):

Telephones:

Email

Address(es): _____

Emergency Information

Please list **two emergency contacts** in case we are unable to contact you:

1.Name: _____

Telephone Number(s): _____

Relation to child:

2.Name: _____

Telephone Number(s): _____

Relation to child:

Medical Information

Please list any known Allergies, including food:

Please describe how you wish for the AF du ME to handle the allergy/ies: (food restriction for all or not; epipen...)

Please describe any special medical conditions that we should know:

I, (name of parent or legal gardian) _____

authorize **Alliance Française du Maine** staff to obtain emergency medical care for my child, _____ while he/she is with the AF du ME.

Please circle which Hospital you would rather have us send your child to in case of an emergency:

1. Maine Medical Center:
2. Mercy Hospital

Print Name

Signature of Parent/Legal Guardian

Date _____