



Cardinal Cushing Centers

PARENT-TO-PARENT DIRECTORY

I give Cardinal Cushing Centers, Inc. permission to include the following information in a Parent-to-parent Directory. I understand that this information will be distributed to other parents and that they or their children may use this information to contact my child or me. I have only completed information that I agree to have appear in the directory.

Parent/Guardian Signature

CHILD'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

