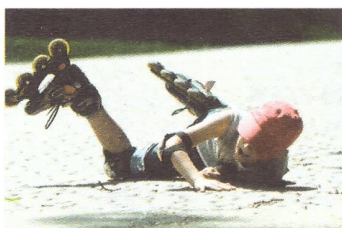


# Identification When You Need It!



There will be times when you need OFFICIAL identification for your child. Law Enforcement and various Government Agencies recommend having an ID handy.



## Situations When Your Child's ID is Needed!

- LOST, MISSING, OR SEPARATED
- VITAL MEDICAL INFORMATION (crucial in an emergency)
- MEDICAL/DOCTOR VISIT
- SPORTS REGISTRATION
- COMPLETE PHYSICAL DESCRIPTION
- CUSTODY/LEGAL ISSUES
- GOVERNMENT ASSISTANCE
- STUDENT DISCOUNTS
- PROOF OF AGE
- TRAVELING

### PRIVATE AND SECURE

For your child's safety and privacy, none of the information is shared or retained. See Ident-A-Kid's Privacy Policy at [www.identakid.com/privacypolicy](http://www.identakid.com/privacypolicy).

### PARTICIPATION IS EASY

Simply fill out the application form and return it with your child or ORDER ONLINE (instructions below) ↓.



For more information visit [www.identakid.com](http://www.identakid.com) or call 1.800.890.1000

SH-011018

If you have any questions regarding your local Program, please contact your local representative.

**Kim Jackson      410-360-1000      KJackson@identakid.com**

**Don't miss out on this once a year opportunity!**

Fill out form on back. Detach and enclose payment on the side of the envelope.

TEACHER	ST. URSULA SCHOOL		GRADE
	OFFICE EXTRAS (10)		
<b>Return Forms</b>			BY: APRIL 24TH

CASH, CHECK OR MONEY ORDER PAYABLE TO <b>ident-a-kid</b>	\$8 One ID Card Per Child
	\$12 - 2 ID Cards + eKid-ID Per Child
	\$15 - 3 ID Cards + eKid-ID Per Child
	Additional ID Cards Over 3 - \$3.00 each

Dear Parents,

We have invited Ident-A-Kid Services of America to come to our school on APRIL 24, 2018. All applications must be returned to school by the above date. If you have any questions regarding your local program, please contact Kim Jackson, 1005 Chestnut Haven Court, Baltimore, MD 21226, 410-360-1000 or [kjackson@identakid.com](mailto:kjackson@identakid.com)

**Order Online Today at**  
[www.identakid.com/kjackson/pay](http://www.identakid.com/kjackson/pay)

Purchase and fill out the online application form.



**ident-a-kid**

1780 102<sup>nd</sup> Avenue N., #100 • St. Petersburg, FL 33716 • (800) 890-1000 • [www.IDENTAKID.com](http://www.IDENTAKID.com)



# ¡Identificación Cuando La Necesites!



Habrás momentos en los que necesitarás una identificación OFICIAL para tu hijo. Las autoridades del orden y varias agencias del gobierno recomiendan tener una Identificación a la mano.



## ¡Situaciones en las que la Identificación de tu hijo se necesita!

- PERDIDO, DESAPARECIDO, O EXTRAVIADO
- ASUNTOS LEGALES O DE CUSTODIA
- ASISTENCIA GUBERNAMENTAL
- INFORMACIÓN MÉDICA VITAL (crucial en una emergencia)
- DESCUENTOS ESTUDIANTILES
- VISITA MÉDICA/DE DOCTOR
- PRUEBA DE EDAD
- REGISTRACION DEPORTIVA
- VIAJES
- DESCRIPCIÓN FÍSICA COMPLETA

### PRIVADA Y SEGURA

Para la seguridad y privacidad de tu hijo, ninguna información se comparte o retiene. Vea la Política de Privacidad de "Ident-A-Kid" en [www.identakid.com/privacypolicy](http://www.identakid.com/privacypolicy).

### LA PARTICIPACIÓN ES FÁCIL

Sencillamente llene el formulario de la aplicación y devuélvalo con su hijo or **ORDENE EN LÍNEA** (instrucciones a continuación) ↓.

**eKid-ID.**  
para su teléfono inteligente



Para más información visite [www.identakid.com](http://www.identakid.com) o llame al 1.800.890.1000

SH-011018

Si tiene preguntas respecto a su Programa local, por favor póngase en contacto con su representante local.

## DETACH PAYMENT ENVELOPE HERE! (Desprenda el Sobre de Pago Aquí)

Do not write in this box. For internal use only.

## THE CHILD IDENTIFICATION PROGRAM

**PLEASE PRINT CLEARLY** - We cannot produce ID cards if information is illegible or missing.  
**COMPLETE ONE APPLICATION PER CHILD**

Child's Name: \_\_\_\_\_  
(Nombre del Niño)

Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
(Fecha de Nacimiento) Month / Day / Year (Color de Ojos) (Color de Cabello)

Name of Parent(s): \_\_\_\_\_  
(Nombre de los Padres)

Address: \_\_\_\_\_  
(Domicilio)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Important Information: \_\_\_\_\_  
(Ciudad, Estado, Código Postal)

Cell Phone #: ( ) \_\_\_\_\_ Your Cellular Company: AT&T, T-Mobile, Verizon, Other: \_\_\_\_\_  
(Teléfono de Celular) (Compañía de Celular) (Circle One)

Email: \_\_\_\_\_ @ \_\_\_\_\_  
(Reciba GRATIS un eKid-ID extra por correo electrónico)

Signature of Parent/Guardian: \_\_\_\_\_  
(Firma de los Padres/Guardian)

How many cards would you like?

Amount Enclosed (\$)   
(pricing on back)

EN ESPAÑOL



Your finished card(s) will be returned in this Application Envelope.

Insert Payment Here  
Deposit Payment Here  
MOISTEN AND SEAL