

# Child Information

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Name to be used in school \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

## Parent Information

### *Parent/Guardian 1*

### *Parent/Guardian 2*

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Relation to child \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_  
\_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Working Hours \_\_\_\_\_

Working Hours \_\_\_\_\_

### **Other Person to Notify if Parent cannot be reached**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### **Physician to call if child becomes ill or injured**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_  
\_\_\_\_\_