

CHILD'S INFORMATION:

Grade: _____ PK: 3 Days or 5 Days Family Name: _____

Child's Last Name First Middle M/F

Date of Birth City and State of Child's Birth

Address where child resides City Zip Code

Child Lives With:

_____ Parents _____ Father _____ Father/Step-Mother _____ Mother _____ Mother/Step-Father _____ Guardian

PARENT/GUARDIAN'S INFORMATION:

Father Last Name First Mother Last Name First

Call This Number *First*

Call This Number *Second*

Call This Number *Third*

List any additional phone numbers which are important and the relationship to your child.

Please list additional individuals, their relationship to your child and their phone numbers that you would like contacted in the event of an emergency. The following individuals will also be allowed to PICK UP your child.

My child is allergic to the following: _____

***** OFFICE USE ONLY *****

FACTS Account Initiated: Yes / No Transfer of Records Form (If needed): Yes / No

Birth Certificate Received: Yes / No Baptismal Certificate Received: Yes / No

Physical Received: Yes / No Dental Form Received: Yes / No Vision Form Received: Yes / No