

## Family Information

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ State ZIP Code

City

Mailing Address: \_\_\_\_\_  
 Same as Above Mailing Address Apartment/Unit #

\_\_\_\_\_ State ZIP Code

City

## Father Information

Fathers Name: \_\_\_\_\_ Mr.  Dr.

Last First M.I.

Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Mother Information

Mothers Name: \_\_\_\_\_ Mrs.  Ms.  Dr.

Last First M.I.

Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Children Information

List Children / If child does not live with both parents, does the parent **not** living with the child have legal access to child.

Child's Name	Legal Access <small>(for Parent <b>not</b> living with child)</small>		
	Yes	No	Doesn't Apply
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Emergency Contacts

***In case of an emergency, we try first to contact the parents at home, work, or cell phone.  
If we cannot reach the parents, we need to have emergency information on file.***

Emergency Contact #1: \_\_\_\_\_ ( ) \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ ( ) \_\_\_\_\_

Physician: \_\_\_\_\_ ( ) \_\_\_\_\_

Dentist: \_\_\_\_\_ ( ) \_\_\_\_\_