

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 not 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: _____ () _____