

Marital Status of Parents: Married Separated Divorced Single Widow(er)

Email Address: _____

Home Church: _____

FAMILY INFORMATION

Name of brother(s)/sister(s) Grade in School Date of Birth

MEDICAL INFORMATION

Family Dr./Hospital _____ Ph # _____

Additional pertinent information concerning your child (health, allergies, special diet, medications, etc.)

TRANSPORTATION INFORMATION

List of adults who can pick up my child(ren):

Name

Phone #

Name

Phone #

In the event of an emergency school closing due to excessive heat, snow, heating system failure, etc. my child is to go to:

_____ Home _____ Another person's home (give information below)

Name _____

Address _____ Phone # _____

Parent Signature

Date signed