

Parent(s)/Guardian Divorced – Name of Parent Child is **NOT** living with: (Release information: Yes No)

Last: _____ First: _____

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) _____

Residence Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent/Guardian E-mail: _____

Alternate Contact(s)

1. Last: _____ First: _____

Relationship to child: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Hm Phone: (____) _____ Wk Phone: (____) _____ Cell Phone: (____) _____

2. Last: _____ First: _____

Relationship to child: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Hm Phone: (____) _____ Wk Phone: (____) _____ Cell Phone: (____) _____

Medical Information

Doctor's Name *Clinic/Hospital* *Phone Number*

Insurance

Dentist Name *Phone Number*

Child's siblings in order from oldest to youngest:

<u>Name</u>	<u>Date of Birth</u>	<u>Grade in School</u>	<u>School Attending</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any additional comments concerning child:

Medical Concerns:

