



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Lives with Child?    Y    N

Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Home: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Lives with Child?    Y    N

Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Home: \_\_\_\_\_

**Preferred Method of Contact** *(in the event that we need to contact you, please indicate who you would like us to contact first, then second, and the preferred phone number or email address you would like us to use):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** *(other than Parents/Guardians, MUST be on the Pick-Up List):*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Home: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Home: \_\_\_\_\_

**Out-of-Area Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Home: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_