

Type or print clearly

FAMILY INFORMATION

DATE: _____

(Information must be kept current)

Family name: _____ Home phone: _____
(Print Last Name)

Email: _____ Cell phone: _____

PLEASE ADD MY FAMILY INFORMATION TO THE SCHOOL DIRECTORY: YES _____ NO _____

Child: _____ Grade: _____ Date of Birth: _____

Child: _____ Grade: _____ Date of Birth: _____

Child: _____ Grade: _____ Date of Birth: _____

Child: _____ Grade: _____ Date of Birth: _____

Street Address: _____ Apt #: _____ City: _____

State: _____ Zip Code: _____ School District: _____

Registered Parish: _____ City: _____

Father's/Step Father's Full Name (Circle One): _____

Employer: _____ Occupation: _____

Work Schedule: _____ Work Phone: _____ Cell: _____

Mother's/Step Mother's Full Name (Circle One): _____

Employer: _____ Occupation: _____

Work Schedule: _____ Work Phone: _____ Cell: _____

Are birth parents separated? _____ Divorced? _____ Deceased? _____

If yes, who do the child(ren) live with: _____

EMERGENCY CONTACT INFORMATION: Please provide information for two people who we may call in the event we are unable to contact the parent or guardian.

1. Name: _____ Phone: _____

Relation to Child: _____ Cell: _____

2. Name: _____ Phone: _____

Relation to Child _____ Cell: _____

Are there any Medical conditions which we should be aware of? _____

Specify any allergies to medications, bee stings, etc. _____

Transportation information (Check one):

Walker _____, Car Rider _____, Bus Rider _____, After School Care (ASC) _____