

FAMILY NAME _____ PARISH _____

NAME OF PARENTS RESPONSIBLE FOR CHILD/REN _____
(MOTHER) (FATHER)

ADDRESS _____ ZIP _____ HOME TELEPHONE _____
CELL PHONE- MOM _____
CELL PHONE- DAD _____

PARENTS ARE: TOGETHER _____ SEPARATED _____ DIVORCED _____

ETHNICITY (Circle one) HISPANIC NON- HISPANIC

RACE (Check all that apply)

ASIAN _____ WHITE _____ BLACK/AFRICAN-AMERICAN _____ NATIVE AMERICAN _____
ALASKAN NATIVE _____ NATIVE HAWAIIAN _____

BESIDES ENGLISH, LANGUAGE SPOKEN AT HOME _____

<u>CHILD'S NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>	<u>DOES CHILD WEAR GLASSES/CONTACTS?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANY HEALTH CONDITIONS OF WHICH WE SHOULD BE AWARE? _____

LOCAL PUBLIC SCHOOL: (CHECK ONE) _____ MCCLELLAN _____ HOLDEN _____ ARMOUR _____ HEALY _____ OTHER

FOR THE SAFETY OF YOUR CHILDREN, THE FOLLOWING INFORMATION MUST BE COMPLETED:

(FATHER'S PLACE OF EMPLOYMENT) (ADDRESS) (TELEPHONE)

(MOTHER'S PLACE OF EMPLOYMENT) (ADDRESS) (TELEPHONE)

IF PARENTS CANNOT BE REACHED: PLEASE LIST NAME OF NEARBY RELATIVE/FRIEND WHO MAY BE CALLED AND WILL COME FOR YOUR CHILD

(NAME) (ADDRESS) (TELEPHONE) (RELATION TO CHILD)

(NAME) (ADDRESS) (TELEPHONE) (RELATION TO CHILD)

(ADDRESS) (TELEPHONE) (HOSPITAL) (FAMILY DOCTOR)

IF YOUR DOCTOR CANNOT BE REACHED, MAY THE HOSPITAL DOCTOR DO WHATEVER IS NECESSARY?
____ YES _____ NO

(DATE)

(SIGNATURE OF PARENT)