

Cell Phone _____ Alternate Phone _____

Email _____

Employer _____

Marital Status Single Married Divorced Widowed

Stepfather (If applicable)

Who does the child reside with? _____

Who has legal custody of the child? _____

Please provide any applicable legal documents.

Who is responsible for medical bills? _____

Which phone # should we list as your primary contact? _____

Is it ok to leave a message at this #? Yes No

What is your preferred method of communication?

Phone _____ Email _____

EMERGENCY CONTACT (Other than parent- if applicable)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

SIGNATURE OF PARENT/GUARDIAN

Signature _____ Date: _____