



PARENT AND CHILD INFORMATION

Date _____

CHILD INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____

Street

City, State, Zip

Phone (Home): _____

Can We Leave a Message? Yes No

School/Preschool: _____ Grade: _____



Parent-Child Information

Primary Language: _____ Additional Languages: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to the Child: _____

PARENT/GUARDIAN INFORMATION (A):

Last Name: _____ First Name: _____

Gender: Male Female

Date of Birth: _____ Marital Status: _____

Ethnicity: African-American Asian-American Hispanic
 Native American Pacific Islander White/Caucasian
 Other _____

Occupation: _____ Employer: _____

Address: _____

Street

City, State, Zip



Parent-Child Information

Phone numbers:

Home: _____ Work: _____ Cell: _____

Can We Leave a Message at Home? Yes No Work?: Yes No

Cell?: Yes No

Does the Parent/Guardian live with the Child? Yes No Part-Time

What is the Parent/Guardian's Legal Custody of the Child? Full Joint

No Legal Custody

PARENT/GUARDIAN INFORMATION (B):

Last Name: _____ First Name: _____

Gender: Male Female

Date of Birth: _____ Marital Status: _____

Ethnicity: African-American Asian-American Hispanic

Native American Pacific Islander White/Caucasian

Other _____

Occupation: _____ Employer: _____



Parent-Child Information

Address: _____

Street

City, State, Zip

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Can We Leave a Message at Home? Yes No at Work?: Yes No

Cell?: Yes No

Does the Parent/Guardian Live with the Child? Yes No Part-Time

What is the Parent/Guardian's Legal Custody of the Child? Full Joint

No Legal Custody

OTHER PERSONS IN THE HOUSEHOLD:

Name

Gender

Age

Birth Date

Relationship to Child

Name	Gender	Age	Birth Date	Relationship to Child