



**FATHER'S INFORMATION:** Birth/Adopted Parent \_\_\_ Step-Parent \_\_\_ Legal Guardian \_\_\_

\_\_\_\_\_  
Last Name First Religion

\_\_\_\_\_  
Address City & State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Married \_\_\_ Single Parent \_\_\_

Email address \_\_\_\_\_

**MOTHER'S INFORMATION:** Birth/Adopted Parent \_\_\_ Step-Parent \_\_\_ Legal Guardian \_\_\_

\_\_\_\_\_  
Last Name First Maiden Religion

\_\_\_\_\_  
Address(If different from above) City & State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Married \_\_\_ Single Parent \_\_\_

Email address \_\_\_\_\_

**EMERGENCY MEDICAL CONTACT (2022-2023)**

Child's Last Name, First Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) where you can be reached:

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Email where you would like us to contact you \_\_\_\_\_

In case of emergency and we are unable to reach you, do you wish another person to be called? If so, indicate name, relationship and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency if parents cannot be reached, do you wish us to contact the doctor? If so, please complete this section:

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

If there's any medical information that you think we should be aware, please list details below: (ex: medication, allergies, treatment, physical or mental disabilities, preferential seating due to hearing/vision, etc.)

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

