

For Administrative Use Only

Class Name: _____ Scholarship: Yes No
 Team: _____ Amount of Scholarship: _____
 Class Time: _____ Program Start Date: _____
 Number of Days: _____ Entry Date: _____
 EI Provider: _____ Marketing Release: Yes No
 Pediatrician: _____

E ___ DS ___ TS ___ SP ___ CEF ___ CF ___ DL ___ GW ___



GENERAL INFORMATION

Child's Name _____
 Last First Middle

What name do you prefer to call your child? _____

Address _____
 Street City State Zip Code County

Home Telephone _____ Child's Social Security Number _____

Present Age _____ Gender _____ Date of Birth _____ Hospital Where Born _____

Present Height _____ Present Weight _____ Color Eyes _____ Color Hair _____

Diagnosis _____

Insurance Yes No If yes, what company? _____

Medicaid Yes No If yes, what member number? _____

FAMILY BACKGROUND

The information below refers to: Parents Foster Parents Legal Guardians

Do both parents live in the home? Yes No

If child does not live with both parents, with whom does child live? _____

Father's Name: _____ Date of Birth: _____

Address: _____
 Street City State Zip Code Home Telephone

Employer: _____
 Name Address

Work Phone: _____ Cell Phone: _____

Mother's Full Name: _____ Date of Birth: _____

Address: _____
 Street City State Zip Code Home Telephone

Employer: _____
 Name Address

Work Phone: _____ Cell Phone: _____

Email Address: _____ Is this address checked regularly? Yes No

Siblings: Please list any brothers and sisters of child.

	Name	Date of Birth	Name of School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Name of child's primary physician: _____ Phone #: _____

Address of physician: _____

In case of emergency, please contact: _____

	Name	Relationship to child
Address of emergency contact:	_____	_____
Phone:	_____	_____

Names of individuals to whom child may be released:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____