

Child's Name _____ SS# _____ Birth date _____ School (if any) _____

Address _____
Street _____ City _____ Zip _____

List any serious allergies (such as insect bites, food allergies, etc.) _____

Mother or Guardian's Name _____	Relation _____	SS# _____
Address (if same as child's, write n/a) _____		
Employer _____	Position (Faculty, Staff or Student –undergrad or grad.) _____	
Home phone _____	Work phone _____	Cell phone _____ Email Address _____

Father or Guardian's Name _____	Relation _____	SS# _____
Address (if same as child's, write n/a) _____		
Employer _____	Position (Faculty, Staff or Student –undergrad or grad.) _____	
Home phone _____	Work phone _____	Cell phone _____ Email Address _____

Child(ren) live(s) with: (Check one) Both parents _____ Mother _____ Father _____ Legal Guardian _____

If legal guardian, list name, address, phone number if other than above: _____

In the event I cannot be reached, please call (these individuals are also authorized to pick-up my child):

Name	Relation to the Child(ren)	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

