



**Parent(s)/Guardian Divorced** – Name of Parent Child is **NOT** living with: (Release information:  Yes  No)

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_

Residence Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

**Alternate Contact(s)**

1. Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

2. Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Information**

\_\_\_\_\_  
*Doctor's Name* *Clinic/Hospital* *Phone Number*

\_\_\_\_\_  
*Insurance*

\_\_\_\_\_  
*Dentist Name* *Phone Number*

**Child's siblings in order from oldest to youngest:**

<u>Name</u>	<u>Date of Birth</u>	<u>Grade in School</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Any additional comments concerning child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_