

Child's Information

Child's Name: _____ Date of Birth: _____

Primary Language: _____

Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Others Living at home: _____

Company Name: _____ Company Name: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Medical Information:

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

Physician's Name: _____ Phone: _____

Clinic: _____

Date of Last Physical Exam: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

****Please attach a picture of your child**