

CHILD INFORMATION FORM

Child's Name (First) _____ (Middle) _____ (Last) _____

Home Address _____ Phone _____

Birth Date _____ Social Security #: _____

Age _____ Sex _____ Catholic or Non-Catholic (please circle one)

School District _____ Email _____

Child's Weight _____ Allergies _____

Father's Name _____ Cell # _____

Address: _____ Father's Employer & Phone _____

Mother's Name _____ Cell # _____

Address: _____ Mother's Employer & Phone _____

Person to be notified in case of emergency other than parents:

Name _____

Address _____

Phone _____ Relationship _____

Child's Doctor _____

Doctor's Address _____

Phone _____

Signature of Parent or Guardian

Date _____