

# CHILD INFORMATION FORM

Child's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic or Non-Hispanic (circle one)

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 \_\_\_\_\_

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Signature of Parent or Guardian

Date \_\_\_\_\_