

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth date \_\_\_\_\_ Sex:  Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Name if different from above: \_\_\_\_\_ Grade: \_\_\_\_\_

- Ashley Falls       Carmel Del Mar       Del Mar Heights       Del Mar Hills       Ocean Air       Sage Canyon  
 Sycamore Ridge       Torrey Hills

Residence of Pupil – Street Address, City, Zip \_\_\_\_\_

Mailing Address of Pupil (if different from above) – Enter Street Address, City, Zip \_\_\_\_\_

### Housing Status:

The student lives with  Mother  Father  Both Parents  Court Appointed Guardian  Foster Parents

## Family Information

Mother/Stepmother/Guardian

Father/Stepfather/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency and Health Information

It is very important, in case parents cannot be reached, that two (2) **additional** names and telephone numbers be listed here (Friends or neighbors with a car). Contacts will be called in the order listed. Please also list other people who have permission to sign your child out of the child care program.

In an emergency, person to contact first:  Mother  Father  Both Parents  Court Appointed Guardian  Other (below):

1. \_\_\_\_\_  Pick-up  Emergency  
Name Daytime Phone/Cell Phone

2. \_\_\_\_\_  Pick-up  Emergency  
Name Daytime Phone/Cell Phone

Health Insurance?  Yes  No \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Policy # \_\_\_\_\_

*Note: You must provide your child's doctor with written permission to treat your child in the event of an accident or illness. This written permission must be on file with your child's doctor prior to treatment.*

See Reverse

