

Child's Carpool # \_\_\_\_\_ (For office use only)

## Family Information (please print)

Child's Full Name \_\_\_\_\_ Class \_\_\_\_\_  
Last First Middle

Name to be used in class \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F (please circle)

Address \_\_\_\_\_ (zip) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

### **Parent 1 Full Name**

\_\_\_\_\_ Last First Middle

Address (if different from child's) \_\_\_\_\_ (zip) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### **Parent 2 Full Name**

\_\_\_\_\_ Last First Middle

Address (if different from child's) \_\_\_\_\_ (zip) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Child's Parents are: (please circle) Married Divorced Separated Widowed Custodial Parent \_\_\_\_\_

Names of siblings or any other persons living in the home. Please provide school attended by siblings or relationship of others.

Sibling or Other \_\_\_\_\_ Age and School or Relationship of Others in Residence \_\_\_\_\_

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

### **Emergency Contacts**

Please list a minimum of two emergency contacts that can be called in the event neither parent can be reached.

1<sup>st</sup> choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell # \_\_\_\_\_  
2<sup>nd</sup> choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

### **Insurance Information**

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ ID Number \_\_\_\_\_

**Preferred Hospital in event of emergency:**

\_\_\_\_\_