

# Checkpoint

## new family information

DATE \_\_\_\_\_

### PARENT INFORMATION

Parent Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ (This number will be used in case of emergency.)

Parent Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ (This number will be used in case of emergency.)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  single  married  divorced

### IF YOU'RE NOT THE PARENT DROPPING OFF THE CHILD, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

### LIST OF CHILDREN (INFANT TO SIXTH GRADE)

Child's Name: \_\_\_\_\_ ( male  female)

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ( male  female)

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ( male  female)

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Additional space on reverse side.

# Checkpoint

## new family information cont.

### LIST OF CHILDREN (INFANT TO SIXTH GRADE)

Child's Name: \_\_\_\_\_ (  male  female )

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (  male  female )

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (  male  female )

Date of Birth (mm/dd/yy): \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies or Special Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

thank you for taking the time to complete this form!