

Name _____

Birthdate _____

Mother's Name _____

Father's Name _____

Step-Parents and other people important in your child's life or those who may live with your child. Please state their relationship to your child.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Siblings (names and ages)

_____	_____
_____	_____
_____	_____

List anyone who may pick up your child (name and relationship)

_____	_____
_____	_____
_____	_____

List anyone who **absolutely may not** pick up your child (name & Relationship)

_____	_____
_____	_____
_____	_____