

PPCA CRUSADER CARE FAMILY INFORMATION CARD 2020-2021

Complete this form (listing children oldest to youngest) and return it, along with all registration forms, **TO THE CRUSADER CARE DESK ONLY.**

1ST CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

2ND CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

3RD CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

Mother's Email _____ **Dad's Email** _____

PLEASE TURN OVER & COMPLETE BACK SIDE!!!

Please list parents, step-parents, relatives, guardians &/or friends in order of Emergency Contact **preference** & Authorized for child(ren) Pick-Up.

Contact #1 _____ Relationship _____ Phone # _____

Contact #2 _____ Relationship _____ Phone # _____

Contact #3 _____ Relationship _____ Phone # _____

Contact #4 _____ Relationship _____ Phone # _____

Additional Authorized Pick-Up (Names & Phone #'s) _____

Custody Arrangement: Child(ren) live w/ Both Parents _____, Joint Custody _____, Mom Only _____, Dad only _____, Guardian _____

*****CUSTODY ORDER MUST BE ON FILE WITH THE CRUSADER CARE OFFICE*****

PHYSICIAN: _____ INS. CO: _____ POLICY #: _____

OFFICE USE ONLY

Reg Fee Pd Date _____ Ck # _____ Start Date _____ Date of 2 Weeks notice given _____

Summer Grade Assigned _____ Cust. Order Rec'd _____ Staff Member Rec'd _____