

## PPCA CRUSADER CARE FAMILY INFORMATION CARD 2023-2024

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

**1<sup>ST</sup> CHILD** \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade Sept. 1<sup>st</sup> \_\_\_\_\_  
Last Preferred 1<sup>st</sup> Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines \_\_\_\_\_

**2<sup>ND</sup> CHILD** \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade Sept. 1<sup>st</sup> \_\_\_\_\_  
Last Preferred 1<sup>st</sup> Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines \_\_\_\_\_

**3<sup>RD</sup> CHILD** \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade Sept. 1<sup>st</sup> \_\_\_\_\_  
Last Preferred 1<sup>st</sup> Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

PLEASE put a STAR NEXT to the PARENT YOU WOULD LIKE US TO CONTACT FIRST!

**Mother's Email** \_\_\_\_\_ **Dad's Email** \_\_\_\_\_

**PLEASE TURN OVER & COMPLETE BACK SIDE!!!**

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Last Preferred 1<sup>st</sup> Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

PLEASE put a STAR NEXT TO THE PERSON YOU WOULD LIKE US TO CONTACT FIRST!

**Mother's Email** \_\_\_\_\_ **Dad's Email** \_\_\_\_\_

**PLEASE TURN OVER & COMPLETE BACK SIDE!!!**

Please list additional people authorized to pick up child(ren) and put a STAR NEXT TO THE PERSON YOU WOULD LIKE US TO CONTACT FIRST!

**Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Contact #3** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Contact #4** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Parent/Guardian Home Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

*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 \_\_\_\_\_  
Staff Member Rec'd \_\_\_\_\_ Cust. Order Rec'd \_\_\_\_\_ Date of Late Pick Up Warning \_\_\_\_\_

12/2022

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**Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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12/2022