## 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.D			
	Last	Preferred 1st Name		DD/YYYY		· ————
Allergies, Med	lical Condition	s &/or Medicines				
2 <sup>ND</sup> CHILD			D O B	M	F	Grade Sent 1st
E CHIED	Last	Preferred 1 <sup>st</sup> Name	D.O.B MM/	DD/YYYY		_ Grade Sept. 1
Allergies, Med	lical Condition	s &/or Medicines				
3 <sup>RD</sup> CHILD			D.O.B.	М	F	Grade Sept. 1 <sup>st</sup>
	Last	Preferred 1 <sup>st</sup> Name		DD/YYYY		<u> </u>
Allergies, Med	lical Condition	s &/or Medicines				
Mother's Nam	ne	Cel	l #		W	ork #
Father's Name	e	Cel	l #		W	ork#
	PLEASE put a S	TAR NEXT to the PARENT YOU WC	OULD LIKE US TO CON	ITACT FIRST!		
Mother's Fma	sil		Dad's Er	nail		
Complete this  1st CHILD		dren oldest to youngest) and retu				
I. CHILD	Last		D.U.B		Г	Grade Sept. 1
Allergies, Med	lical Conditions	Preferred 1 <sup>st</sup> Name	MM/	DD/YYYY		_ Grade Sept. 1 <sup>st</sup>
		Preferred 1st Name s &/or Medicines				
- ND		s &/or Medicines				
2 <sup>ND</sup> CHILD	Last	s &/or Medicines	D.O.B			
		Preferred 1st Name	D.O.B MM/	DD/YYYY M_	F	_ Grade Sept. 1 <sup>st</sup>
		s &/or Medicines	D.O.B MM/	DD/YYYY M_	F	_ Grade Sept. 1 <sup>st</sup>
Allergies, Med	lical Condition	Preferred 1st Name s &/or Medicines	D.O.B	DD/YYYY M_	F	_ Grade Sept. 1 <sup>st</sup>
Allergies, Med	lical Condition	Preferred 1st Name  8 &/or Medicines  Preferred 1st Name  9 Preferred 1st Name	D.O.B MM/	M_ M_ M_	FFF	_ Grade Sept. 1 <sup>st</sup>
Allergies, Med	lical Condition	Preferred 1st Name s &/or Medicines	D.O.B MM/	M_ M_ M_	FFF	_ Grade Sept. 1 <sup>st</sup>
Allergies, Med B <sup>RD</sup> CHILD  Allergies, Med	Last	Preferred 1st Name  8 &/or Medicines  Preferred 1st Name  9 Preferred 1st Name	D.O.B MM/	DD/YYYY M_  DD/YYYY M_	F	_ Grade Sept. 1 <sup>st</sup>
Allergies, Med  3 <sup>RD</sup> CHILD  Allergies, Med  Mother's Nam	Last lical Conditions	Preferred 1st Name  S &/or Medicines  Preferred 1st Name  Preferred 1st Name  S &/or Medicines  Cel	D.O.B D.O.B MM/	DD/YYYY M_  DD/YYYY M_	FF	Grade Sept. 1 <sup>st</sup> Grade Sept. 1 <sup>st</sup>
Allergies, Med  3 <sup>RD</sup> CHILD  Allergies, Med  Mother's Nam	Last lical Conditions  Last lical Conditions	Preferred 1st Name  S &/or Medicines  Preferred 1st Name  Preferred 1st Name  S &/or Medicines	D.O.B D.O.B MM/	DD/YYYY M_	FFW	Grade Sept. 1 <sup>st</sup> Grade Sept. 1 <sup>st</sup>
Allergies, Med  3 <sup>RD</sup> CHILD  Allergies, Med  Mother's Nam	Last lical Conditions lical Conditions lical Conditions le PLEASE put a S	Preferred 1st Name  S &/or Medicines  Preferred 1st Name  Preferred 1st Name  S &/or Medicines  Cel  Cel	D.O.B D.O.B MM/	DD/YYYY M_  DD/YYYY M_  NTACT FIRST!	FFW	Grade Sept. 1 <sup>st</sup> Grade Sept. 1 <sup>st</sup>

Please list additional people authorized to pic	k up child(ren) and put a STAR NEXT TO THE P	ERSON 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 (Name	es & Phone #'s)			
Parent/Guardian Home Address		Zip Code		
Custody Arrangement: Child(ren) live w/	Both Parents, Joint Custody, ***CUSTODAY ORDI	Mom Only, Dad only, Guardian_ ER MUST BE ON FILE WITH THE CRUSADER CARE OFFICE***		
PHYSICIAN:	INS. CO:	POLICY #:		
OFFICE USE ONLY  Reg Fee Pd Date Ck #  Staff Member Rec'd	Start Date Cust. Order Rec'd	Date of 2 Weeks notice given Date of Late Pick Up Warning		
12/2022				
		erson you would like us to contact first! Phone #		
Contact #1	Relationship	Phone #		
Contact #2	Relationship Relationship	Phone #		
Contact #1  Contact #2  Contact #3	RelationshipRelationshipRelationship	Phone # Phone # Phone #		
Contact #1  Contact #2  Contact #3  Contact #4	RelationshipRelationshipRelationshipRelationshipRelationship	Phone # Phone # Phone #		
Contact #2  Contact #3  Contact #4  Additional Authorized Pick-Up (Name	RelationshipRelationshipRelationshipRelationshipRelationship	Phone # Phone # Phone # Phone # Phone # Phone #		
Contact #2  Contact #3  Contact #4  Additional Authorized Pick-Up (Name	Relationship	Phone # Phone Phone # Phone		
Contact #2  Contact #3  Contact #4  Additional Authorized Pick-Up (Name  Parent/Guardian Home Address  Custody Arrangement: Child(ren) live w/	Relationship	Phone # Phone # Phone # Phone # Phone #		
Contact #2 Contact #3 Contact #4 Additional Authorized Pick-Up (Name Parent/Guardian Home Address Custody Arrangement: Child(ren) live w/ PHYSICIAN: OFFICE USE ONLY	Relationship	Phone #Phone #		