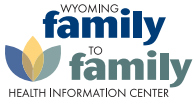
Parent/Guardian and Emergency Contact Information



Child

Name:_____ **Nickname:** _____
Address:_____
Social Security #:_____ **Date of Birth:** _____
First Language: _____
Other Languages Spoken: _____

Parent(s)/Guardian(s)

Name:_____ **Relationship to Child:** _____
Address:_____
Home Telephone: _____ **Cell:** _____ **Work:** _____
First Language: _____
Other Languages Spoken: _____
Interpreter needed? Yes _____ **No** _____

Parent(s)/Guardian(s)

Name:_____ **Relationship to Child:** _____
Address:_____
Home Telephone: _____ **Cell:** _____ **Work:** _____
First Language: _____
Other Languages Spoken: _____
Interpreter needed? Yes _____ **No** _____

Emergency Contact

Name:_____ **Relationship to Child:** _____
Address:_____
Home Telephone: _____ **Cell:** _____ **Work:** _____
Interpreter needed? Yes _____ **No** _____

Does your child have more than one residence? Yes _____ **No** _____

If yes, please explain:

Explain any regional or religious practices that affect my treatment: