

Contact Information (1 form per family)

Students' Names: \_\_\_\_\_

Children Live with (Circle):    Parent,    Guardian, Foster Parent

Legal Parent/Guardian Name(s) : \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Numbers: Home Phone \_\_\_\_\_ Descrip: \_\_\_\_\_

Work 1 \_\_\_\_\_ Descrip: \_\_\_\_\_ Work 2 \_\_\_\_\_ Descrip: \_\_\_\_\_

Cell 1 \_\_\_\_\_ Descrip: \_\_\_\_\_ Cell 2 \_\_\_\_\_ Descrip: \_\_\_\_\_

Email \_\_\_\_\_ JMC Password: \_\_\_\_\_

Emergency Contacts (please note if for a certain child only):

Relation (Grandparent, friend, etc.): \_\_\_\_\_ Relation (Grandparent, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone1: \_\_\_\_\_ Work Phone1: \_\_\_\_\_

Work Phone2: \_\_\_\_\_ Work Phone2: \_\_\_\_\_

Cell Phone1: \_\_\_\_\_ Cell Phone1: \_\_\_\_\_

Cell Phone2: \_\_\_\_\_ Cell Phone2: \_\_\_\_\_

Relation (Grandparent, friend, etc.): \_\_\_\_\_ Relation (Grandparent, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone1: \_\_\_\_\_ Work Phone1: \_\_\_\_\_

Work Phone2: \_\_\_\_\_ Work Phone2: \_\_\_\_\_

Cell Phone1: \_\_\_\_\_ Cell Phone1: \_\_\_\_\_

Cell Phone2: \_\_\_\_\_ Cell Phone2: \_\_\_\_\_

Please note for which child if not for all.

Medical Doctor:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Eye Doctor:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Orthodontist:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_