



**PARENT/GUARDIAN INFORMATION**

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_

Family (Student's) Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Please print form, sign and return to church office.