

**CAMBRIA COUNTY CHRISTIAN SCHOOL  
2019-2020 FAMILY INFORMATION SHEET**

**STUDENT(S) NAME(S)** \_\_\_\_\_

**PARENTS/GUARDIANS** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONES:

HOME: \_\_\_\_\_ FATHER CELL: \_\_\_\_\_

MOTHER CELL: \_\_\_\_\_ FATHER WORK: \_\_\_\_\_

MOTHER WORK: \_\_\_\_\_

E-MAIL: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

**CHILDREN (LIST ALL CHILDREN LIVING AT HOME)**

<u>NAME</u>	<u>DOB</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHURCH (complete)** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PASTOR \_\_\_\_\_

ATTENDANCE [ ] REGULAR [ ] SOMETIMES [ ] OCCASIONALLY

**FATHER'S EMPLOYER** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MOTHER'S EMPLOYER** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PATERNAL GRANDPARENTS**

NAME \_\_\_\_\_

ADDRESS (complete) \_\_\_\_\_

**MATERNAL GRANPARENTS**

NAME \_\_\_\_\_

ADDRESS (complete) \_\_\_\_\_

**EMERGENCY NUMBERS**

In case we are unable to contact you, please list, in order of preference, who we should call in the event of accident or illness.

<u>NAME/RELATIONSHIP</u>	<u>TELEPHONE</u>
_____	_____
_____	_____



Please list ANY & ALL allergies, food or otherwise, that your child(ren) may have.

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

Allergy: \_\_\_\_\_

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

Allergy: \_\_\_\_\_

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

Allergy: \_\_\_\_\_

Please list any medical condition that your child(ren) may have that we should be aware of, such as asthma, etc.

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

Condition: \_\_\_\_\_

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

Condition: \_\_\_\_\_