CAMBRIA COUNTY CHRISTIAN SCHOOL 2019-2020 FAMILY INFORMATION SHEET

TELEPHONES: HOME:	STUDENT(S) NAME(S)				
ADDRESS: TELEPHONES: HOME:	PARENTS/GUARDIANS				
TELEPHONES: HOME: FATHER CELL: MOTHER CELL: FATHER WORK: E-MAIL: FATHER MOTHER CHILDREN (LIST ALL CHILDREN LIVING AT HOME) NAME DOB GRADE SCHOOL 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) 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. NAME/RELATIONSHIP TELEPHONE	ADDRESS:				
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NAME/RELATIONSHIP TELEPHONE	5	, F	, 01001	F, ""	
					<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: