



CHILD CARE Student Information

1234 NE Riddell Road Bremerton, WA 98310 Office: (360) 373-2116 Fax: (360) 377-0686 www.peacebremerton.org

DATE: _____ SCHOOL YEAR: _____ - _____

Student's Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: ____/____/____ Sex: Male Female Grade _____

Allergies/Health Concerns: _____

Parent's Marital Status: Married Divorced Separated Single Widow/Widower

FATHER/GUARDIAN	MOTHER/GUARDIAN
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Home Phone: (____) _____	Home Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____

STEPFATHER	STEPMOTHER
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____

<u>Emergency Contact</u>	<u>Phone Number: Home/Cell</u>	<u>Address</u>
1. _____	_____	_____
2. _____	_____	_____

Signed _____ Print _____ Date _____