

<u>FOR SHAS USE</u> Date of Admission: _____ Age at Admission: _____
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Child Information:

Child's Name: _____
Date of Birth: _____ Place of Birth: _____
Home Address: _____ City / State
Telephone: _____ Primary Language: _____

Child's Identifying Information:

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Skin Color: _____
Identifying Marks: _____
Allergies: _____

Parent/Guardian Information:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
E-mail Address: _____	E-mail Address: _____
Home Telephone #: _____	Home Telephone #: _____
Mobile Phone or Pager #: _____	Mobile Phone or Page #: _____
Bus. Name: _____	Bus. Name: _____
Bus. Address: _____	Bus. Address: _____
Telephone Number: _____	Telephone Number: _____
Hours at Work: _____	Hours at Work: _____

Other Members of Your Household: _____
(include siblings)

In an emergency, if parents cannot be contacted, notify:

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____
Daytime Telephone #: _____	Day time Telephone #: _____
Mobile Phone or Pager #: _____	Mobile Phone or Pager #: _____
Child's Physician/Clinic: _____	Telephone # _____

Parent/Guardian Signature

Date