

SAFE CHILD BOOK

Your Child's Identification Record



TIPS FOR PROTECTING YOUR CHILD

- 1. Don't just preach "stranger danger"—teach your child to recognize and avoid situations that may actually place him or her in danger.
- 2. Make sure that your child has memorized your home phone number, address, and 911.
- 3. Identify registered offenders in your area using www.familywatchdog.us.
- 4. Teach your child the buddy system: always walk with at least one other child.
- 5. Practice drills with your child that include what to do if they are accidentally separated from you in a public place, or in the event of a kidnapping.
- 6. Teach your child to yell "You're not my parent!" if they are approached by someone he or she doesn't know.
- 7. Many abductions occur at the hands of family or friends. If someone other than yourself is picking up your child, develop a "safe word" with your child and have that person tell your child the "safe word." If that person does not know the "safe word," your child should refuse to go.
- 8. Restrict your child's access to the internet—know the sites your child is visiting and with whom your child is communicating.
- 9. Watch for any behavioral changes that may cause your child to drop his or her guard or fail to consider the possible dangers of certain situations.
- 10. Talk with your children and help them think proactively about how to protect themselves when you are not with them.



Dear Neighbor,

Recent data predict a troubling reality for parents: nearly 800,000 children may be reported missing this year (about 2,200 a day). While most of these children are never in real danger and will be found relatively quickly, some, sadly, are never seen again. Roughly 114,000 children face actual abduction attempts every year.

The minutes and hours immediately following a child's disappearance are the most critical. New York State's Amber Alert helps get the word out quickly to the public and to local law enforcement agencies that an abduction has occurred. However, there are extra precautions that parents can take. To provide parents with easy access to much of the information they will need to supply local authorities, I have put together a Child Safety Record. Fill out this record and update it every year with your child, and keep it in a safe and readily available location.

Once completed, these documents will contain a detailed profile of the missing child. In a race against time, the profile may help authorities find him or her more quickly. I've also included ten of the most common tips advised by law enforcement to protect your child.

As unlikely as it is that your child will ever be in this situation, should the unthinkable happen, you will be glad you took the time to compile this vital information into one document. As always, feel free to contact my office with any questions or if I can be of any further assistance.

Sincerely,

Senator Greg Ball

More Resources for Parents

For more information about the Amber Alert Plan, call the Missing and Exploited Children Clearinghouse at 1-800-FIND-KID (1-800-346-3543) or criminaljustice.state.ny.us/missing/

NATIONAL HOTLINES:

Child Find of America

1-800-I-AM-LOST (1-800-426-5678) or www.childfindofamerica.org

National Center for Missing and Exploited Children

1-800-843-5678 or www.missingkids.com

Covenant House Nineline Runaways

1-800-999-9999 or

www.covenanthouse.org/nineline

SAFETY COUNTS: Your Child's Identification Record

This is your child's private record of personal information to be given to police if it is ever needed. Keep this record in a safe and accessible location.

Child's Full Name		FIRST			MIDDLE		Child's So	cial Securi	ty Number	GENERAL INFORMA TION
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Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
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	Mother's Hom	e Addre	ess						MOTHER'S CELL PHONE	
	STREET ADDRES				#	CITY		STATE	MOTHER'S PRIMARY WORK PHONE	
	Mother's Prim		rk Addres	S					MOTHER'S SECONDARY WORK	PHONE
	Father's Home		SS		#	CITY		STATE	FATHER'S HOME PHONE	
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Mother's Home Address			·	MOTHER'S CELL PHONE		
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Mother's Primary Work Address				MOTHER'S SECONDARY WOR	RK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE		
Father's Home Address				FATHER'S CELL PHONE		
STREET ADDRESS	#	CITY	STATI	FATHER'S PRIMARY WORK P	PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WOR	K PHONE	IDENTIFYING
LBS COLOR STYLE	LENGTH	SHIRT	PANTS SHOE	•	• • • • • • • • • • • • • • • • • • • •	IDENTIFYINGCHARACTERTICS
Height Weight Hair		Clothing	Size			1103
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Physical Handicaps	Favorite	Activities	Favorite Foods			
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Particular Mannerisms	Frequer	ntly Visited L	ocations.	Attach a	current	
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ndicate and describe identifying marks (birthmarks, s		, piercings, etc.)	□ LEFT-HANDED [□ RIGHT-HANDED	MEDICAL
FIRST NAME STREET ADDRESS			, piercings, etc.)	Nickname(s) of Child	□ RIGHT-HANDED	MEDICAL RECORDS
FIRST NAME	LAST NA	ME		Nickname(s) of Child	□ RIGHT-HANDED	
FIRST NAME STREET ADDRESS	LAST NA	ME		Nickname(s) of Child	□ RIGHT-HANDED	
FIRST NAME STREET ADDRESS	LAST NA	ME CITY		Nickname(s) of Child	□ RIGHT-HANDED	
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NA # Allergie	ME CITY		Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses	□ RIGHT-HANDED	RECORDS
PIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NA	ME CITY S	STATI	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE	□ RIGHT-HANDED	
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Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NA # Allergie LAST NA #	ME CITY S ME CITY	STATI	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X PRIMARY PHONE	RIGHT-HANDED	DENTAL RECORDS
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Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NA # Allergie LAST NA # LAST NA #	ME CITY ME CITY ME CITY ME CITY	STATI STATI	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE	RIGHT-HANDED	DENTAL RECORDS OTHER CONTACT
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Primary Care Physician Medications Medications Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities	LAST NA # DAYS DAYS	ME CITY ME CITY ME CITY ME CITY ADDRESS / PHONE R'S NAME TIME TIME	STATI STATI STATI STATI STATI	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY	RIGHT-HANDED STATE	DENTAL RECORDS OTHER CONTACT
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GENERAL	STREET ADI	DRESS	•••••		#	CITY	•••••	STATE	CHILD'S HOME PHONE	•••••
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	STREET ADI	DRESS Home Addre			#	CITY		STATE	MOTHER'S HOME PHONE	
			255						MOTHER'S CELL PHONE	
	Mother's F	Primary Wo	rk Addre	SS	#	CITY		STATE	MOTHER'S PRIMARY WORK PHOI	
	STREET ADI				#	CITY		STATE	FATHER'S HOME PHONE	KPHONE
		lome Addre	SS			0111		01/112	FATHER'S CELL PHONE	
	STREET ADI	DRESS			#	CITY		STATE	FATHER'S PRIMARY WORK PH	IONE
	Father's P	rimary Wor	k Addres	ss					FATHER'S SECONDARY WORK	PHONE
DENTIFYING ARACTERIS- TICS	, " Height	LBS Weight	COLOR Hair	STYLE	LENGTH	SHIRT Clothing	PANTS Size	SHOE		• • • • • • • • •
	Physical H	landicaps			Favorite A	Activities	Favorite	Foods		
	Particular	Mannerism	ns	FRONT	Frequent	ly Visited L	ocations		Attach a photo o child	f your here
MEDICAL	Indicate an		identifyir	g marks (birt	hmarks, so		, piercings,	etc.)	Nickname(s) of Child PRIMARY PHONE	
RECORDS	Primary C	DRESS are Physicia	an		#	CITY		STATE	SECONDARY PHONE	
	Medication	ns			Allergies				Illnesses	
DENTAL	FIRST NAMI				LAST NAM	E			PRIMARY PHONE	
RECORDS	STREET ADI				#	CITY		STATE	SECONDARY PHONE	
	Dentist								[ATTACH COPY OF DENTAL X-	RAYS, IF AVAILABLE
OTHER	FIRST NAME				LAST NAM	E			PRIMARY PHONE	
CONTACT FORMATION	STREET ADI	DRESS			#	CITY		STATE	SECONDARY PHONE	
	PRIMARY W	ORK ADDRES	S		#	CITY		STATE	WORK PHONE	
	Emergenc	y Adult Con	tact Info	rmation						
	FIRST NAME				LAST NAM	Е			PRIMARY PHONE	
	STREET ADI	DRESS			#	CITY		STATE	PARENT'S NAME	
	FIRST NAMI				LAST NAM				PRIMARY PHONE	
	Child's Fri				#	CITY		STATE	PARENT'S NAME	
		Citas			STREET AI	DDBECC			# CITY	STATE
	NAME				PRIMARY				SECONDARY PHONE	JIMIL
		OUTE TO SCH	00L		TEACHER'				PRINCIPAL'S NAME	
	School Info									
	AFTER-SCH	IOOL ACTIVIT	Υ		DAYS	TIME	STREET A	DDRESS	CITY	STATE
		OOL ACTIVIT			DAYS	TIME	STREET A	DDRESS	CITY	STATE
	FIRST NAMI				LAST NAM	F			PRIMARY PHONE	
	STREET ADI				#	CITY		STATE	SECONDARY PHONE	
		Contact Inf	formatio	n		JIII I		JIAIL	SESSION THORE	
NOTES		relevant inf			ssist nolice	officers				

Child's Home Address						INFORMATION
Silita's notife Address				CHILD'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE		
Mother's Home Address				MOTHER'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE		
Mother's Primary Work Address				MOTHER'S SECONDARY WORK F	PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE		
Father's Home Address				FATHER'S CELL PHONE		_
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHO	NE	
Father's Primary Work Address				FATHER'S SECONDARY WORK P	HONE	
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Particular Mannerisms	Freque	ntly Visited I	_ocations			
FRONT	BA	ACK		Attach a cu	urrent	
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				- child he		
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ndicate and describe identifying marks (b	irthmarks.s	scars, moles	s. piercinas, etc.)	Nickname(s) of Child		
ndicate and describe identifying marks (b	irthmarks, s	scars, moles	s, piercings, etc.)	Nickname(s) of Child		
ndicate and describe identifying marks (b	irthmarks, s		s, piercings, etc.)	Nickname(s) of Child PRIMARY PHONE		MEDICAL
FIRST NAME STREET ADDRESS			s, piercings, etc.)			MEDICAL RECORDS
FIRST NAME		AME		PRIMARY PHONE		
FIRST NAME STREET ADDRESS		AME		PRIMARY PHONE		
FIRST NAME STREET ADDRESS Primary Care Physician	LAST NA	CITY		PRIMARY PHONE SECONDARY PHONE		
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Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NA # Allergie LAST NA #	CITY CITY CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA	AYS, IF AVAILABLE]	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NA # Allergie LAST NA #	CITY CITY CITY ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAPPRIMARY PHONE	AYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME FIRST NAME FIRST NAME FIRST NAME	LAST NA # Allergie LAST NA #	CITY CITY CITY CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAPPIMARY PHONE SECONDARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NA # Allergie LAST NA #	CITY CITY CITY ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAPPRIMARY PHONE	AYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NA # LAST NA # LAST NA #	CITY CITY ME CITY CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAPPRIMARY PHONE SECONDARY PHONE WORK PHONE	AYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
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FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	LAST NA # LAST NA # LAST NA # LAST NA # CAST NA # TEACHE	CITY ME CITY CITY ME CITY ADDRESS Y PHONE R'S NAME	STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAPE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME	STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities	LAST NA # CAST NA # LAST NA # DAYS DAYS	CITY ME CITY CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY	STATE	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME	LAST NA # DAYS DAYS LAST NA	CITY ME CITY ME CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE	STATE	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	LAST NA # CAST NA # LAST NA # DAYS DAYS	CITY ME CITY CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY	STATE	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	LAST NA # DAYS DAYS LAST NA	CITY ME CITY ME CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE	STATE	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME	LAST NA # DAYS DAYS LAST NA	CITY ME CITY ME CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE	STATE	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	LAST NA # DAYS DAYS LAST NA #	CITY ME CITY ME CITY ME CITY ME CITY ADDRESS Y PHONE R'S NAME TIME TIME	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE	STATE STATE STATE	DENTAL RECORDS

GENERAL INFORMATION	STREET ADDRESS	# C	TY	STATE	CHILD'S HOME PHONE	
	Child's Home Address				CHILD'S CELL PHONE	
	STREET ADDRESS	# C	TY	STATE	MOTHER'S HOME PHONE	
	Mother's Home Address				MOTHER'S CELL PHONE	
	STREET ADDRESS	# C	TY	STATE	MOTHER'S PRIMARY WORK PHONE	
	Mother's Primary Work Address				MOTHER'S SECONDARY WORK	PHONE
	STREET ADDRESS Father's Home Address	# C	TY	STATE	FATHER'S HOME PHONE	
			TV	CTATE	FATHER'S CELL PHONE	N.E.
	Father's Primary Work Address	# 0	TY	STATE	FATHER'S PRIMARY WORK PHO	
IDENTIFYING					•• • • • • • • • • • • •	• • • • • • • •
HARACTERIS- TICS	Height Weight Hair		lothing Size	SHOE		
1103	neight weight half		tothing Size		_	
					-	
					-	
					-	
	Physical Handicaps	Favorite Activ	vities Favorit	e Foods		
	Particular Mannerisms	Frequently V	sited Locations			
	FROM	IT BACK			Attach a c	urrent
					photo of	your
					child h	ere
		(2) (2)			☐ CHILD WEARS GLAS	SES
					☐ CHILD WEARS CONT	ACT LENSES
	<i>y</i>	R A R				
	Indicate and describe identifying mark	s (birthmarks, scars,	moles, piercings	s, etc.)	Nickname(s) of Child	
	FIRST NAME	LAST NAME	•••••	•••••	PRIMARY PHONE	
MEDICAL RECORDS	STREET ADDRESS		TY	STATE	SECONDARY PHONE	
	Primary Care Physician	"		JIAIL	SECONDANTINONE	
	Medications	Allergies			Illnesses	
DENTAL			•		PRIMARY PHONE	
DENTAL RECORDS	FIRST NAME	IASINAME			TRIMARTITIONE	
	STREET ADDRESS	LAST NAME	TY	STATE	SECONDARY PHONE	
	STREET ADDRESS Dentist		TY	STATE	SECONDARY PHONE [ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
	STREET ADDRESS Dentist	# C				AYS, IF AVAILABLE]
	Dentist Wears Braces or Other Dental App	# C	TY YES, INDICATE TYP		[ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental Apprint Strick Strike Strik	# CI	YES, INDICATE TYP	PE	[ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS	# CI	YES, INDICATE TYP	STATE	PRIMARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
OTHER	Dentist Wears Braces or Other Dental Apprint Strick Strike Strik	# CI	YES, INDICATE TYP	PE	[ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	# CI	YES, INDICATE TYP	STATE	PRIMARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental Apprint Street Address PRIMARY WORK ADDRESS Emergency Adult Contact Information	# CI LAST NAME # CI LAST NAME	YES, INDICATE TYP	STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	# CI LAST NAME # CI LAST NAME	YES, INDICATE TYP	STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	# CI Diance IF LAST NAME # CI LAST NAME # CI LAST NAME	YES, INDICATE TYP	STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME	AYS, IF AVAILABLE
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME	# CI Diance IF LAST NAME # CI LAST NAME # CI LAST NAME	YES, INDICATE TYP	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	# CI Diance IF LAST NAME # CI LAST NAME # CI LAST NAME	YES, INDICATE TYP TY TY TY	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE	AYS, IF AVAILABLE]
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	# CI CITATION COLUMN CO	YES, INDICATE TYP TY TY TY TY	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME	
OTHER CONTACT	Dentist Wears Braces or Other Dental Appletist NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRE	YES, INDICATE TYP TY TY TY TY TY TY	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PARENT'S NAME	
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA	YES, INDICATE TYP TY TY TY TY ME ME	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Appropriate Street Address PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA	YES, INDICATE TYP TY TY TY TY ME ME STREET	STATE STATE STATE STATE ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Appletist NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA	YES, INDICATE TYP TY TY TY TY ME ME STREET	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI	YES, INDICATE TYP TY TY TY TY ME ME STREET	STATE STATE STATE STATE ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Approverse Braces Brace	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME	YES, INDICATE TYP TY TY TY TY ME ME ME STREET ME STREET	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Appletist NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME	YES, INDICATE TYP TY TY TY TY ME ME STREET	STATE STATE STATE STATE ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Approverse Braces Brace	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME	YES, INDICATE TYP TY TY TY TY ME ME ME STREET ME STREET	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Appletist NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME	YES, INDICATE TYP TY TY TY TY ME ME ME STREET ME STREET	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY	STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Appletist NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities FIRST NAME STREET ADDRESS	# CI Diance IF LAST NAME # CI # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME	TY T	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE SECONDARY PHONE	STATE STATE STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Apples Braces Apples Braces Apples Braces	# CI LAST NAME # CI LAST NAME # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME # CI	TY T	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY	STATE STATE STATE
OTHER CONTACT	Dentist Wears Braces or Other Dental Apples Braces Apples Braces Apples Braces	# CI LAST NAME # CI LAST NAME # CI LAST NAME # CI LAST NAME # CI STREET ADDRI PRIMARY PHOI TEACHER'S NA DAYS TI DAYS TI LAST NAME # CI	TY T	STATE STATE STATE STATE ADDRESS ADDRESS	PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY CITY PRIMARY PHONE SECONDARY PHONE	STATE STATE STATE

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE		
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE		
STREET ADDRESS	#	CITY	CTATE	MOTHER'S CELL PHONE	_	
Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK		
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	THORE	
Father's Home Address				FATHER'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHO	ONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK I	PHONE	
. " LBS COLOR STYLE	LENGTH	SHIRT	PANTS SHOE	•	• • • • • • • • •	IDENTIFYING CHARACTERIS
Height Weight Hair		Clothing	Size			TICS
Physical Handicaps	Favorite Ac	tivities	Favorite Foods	_		
Particular Mannerisms	Frequently	Visited Lo	ocations			
FRONT	BACK			- Attach a c	urrent	
\(\char{\lar{\char				photo of	•	
				child h		
		7)		☐ CHILD WEARS GLAS	• • • • • • • • •	
	$() / \wedge)$			☐ CHILD WEARS CONT.		
J L						
ndicate and describe identifying marks (b	irthmarks, scar	s, moles,	piercings, etc.)	Nickname(s) of Child		
FIRST NAME	LAST NAME	•••••		DRIMARY BHONE	••••••	
STREET ADDRESS		CITY	STATE	PRIMARY PHONE SECONDARY PHONE		MEDICAL RECORDS
Primary Care Physician	"	0111	STATE	SECONDAINT HONE		
Medications	Allergies			Illnesses		
FIRST NAME	LAST NAME			PRIMARY PHONE		DENTAL
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		RECORDS
Dentist				[ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]	
☐ Wears Braces or Other Dental Applia	nce	IF YES, IN	DICATE TYPE			
FIRST NAME	LAST NAME			PRIMARY PHONE		OTHER
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		CONTACT INFORMATION
PRIMARY WORK ADDRESS	#	CITY	STATE	WORK PHONE		ALL SHEMION
Emergency Adult Contact Information						
FIRST NAME	LAST NAME			PRIMARY PHONE		
STREET ADDRESS		CITY	STATE	PARENT'S NAME		
FIRST NAME	LAST NAME			PRIMARY PHONE		
STREET ADDRESS Child's Friends	#	CITY	STATE	PARENT'S NAME		
OHILU S FITEHIUS	CIDEET	DECC		# CITY	CTATE	
NAME	STREET ADD PRIMARY PH			# CITY SECONDARY PHONE	STATE	
PRIMARY ROUTE TO SCHOOL	TEACHER'S N			PRINCIPAL'S NAME		
School Information	TEAURER S	¥MI√I E		I MINUICAL 3 NAME		
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE	
AFTER-SCHOOL ACTIVITY		TIME	STREET ADDRESS	CITY	STATE	
After-School Activities						
FIRST NAME	LAST NAME			PRIMARY PHONE		
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE		
Babysitter Contact Information						
0.00	a					
Child's email addresses	Child's Scr	eennames	5	Frequently Visited Website	S	
						NOTES
Any other relevant information that might	t acciet police of	fficore				

INFORMATION	STREET ADDRESS	#	CITY		STATE	CHILD'S HOME PHONE	
	Child's Home Address		OUTV		67475	CHILD'S CELL PHONE	
	STREET ADDRESS Mother's Home Address	#	CITY		STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE	
-	STREET ADDRESS	#	CITY		STATE	MOTHER'S PRIMARY WORK PHON	lE
	Mother's Primary Work Address					MOTHER'S SECONDARY WORK	(PHONE
	STREET ADDRESS	#	CITY		STATE	FATHER'S HOME PHONE	
	Father's Home Address					FATHER'S CELL PHONE	
	STREET ADDRESS	#	CITY		STATE	FATHER'S PRIMARY WORK PH	ONE
	Father's Primary Work Address					FATHER'S SECONDARY WORK	PHONE
IDENTIFYING HARACTERIS-	t " LBS COLOR STYI	LE LENGTH	SHIRT	PANTS	SHOE		
TICS	Height Weight Hair		Clothing	g Size		_	
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	Physical Handicaps	Favorite	Activities				
	Particular Mannerisms	Frequent	ly Visited L	ocations			
-	FRON					Attach a	current
)			photo o	f your
						child h	
		\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	4			☐ CHILD WEARS GLAS	SSES
		() $()$	\			CHILD WEARS CON	TACT LENSES
	<i>y</i>	6 9	S.				
	ndicate and describe identifying mark	s (birthmarks, so	ars, moles	s, piercings, e	etc.)	Nickname(s) of Child	
MEDICAL	FIRST NAME						
MEDICAL	FIRST NAME	LAST NAM	1E			PRIMARY PHONE	
RECORDS	STREET ADDRESS	#	CITY		STATE	PRIMARY PHONE SECONDARY PHONE	
RECORDS					STATE		
RECORDS	STREET ADDRESS				STATE		
RECORDS -	STREET ADDRESS		CITY		STATE		
RECORDS	Primary Care Physician Medications	# Allergies	CITY		STATE	SECONDARY PHONE Illnesses	
DENTAL	STREET ADDRESS Primary Care Physician	#	CITY		STATE	SECONDARY PHONE	
DENTAL RECORDS	Primary Care Physician Medications FIRST NAME	# Allergies	CITY			Illnesses PRIMARY PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS	Primary Care Physician Medications FIRST NAME STREET ADDRESS	# Allergies LAST NAM	CITY	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	# Allergies LAST NAM	CITY IE CITY IF YES, IN	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App	# Allergies LAST NAM #	CITY IE CITY IF YES, IN	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-F	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	# Allergies LAST NAM # pliance LAST NAM #	CITY IE CITY IF YES, IN	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-F	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	# # Allergies LAST NAM # # # #	CITY IE CITY IF YES, IN IE CITY CITY	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-6] PRIMARY PHONE SECONDARY PHONE WORK PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	# # Allergies LAST NAM # # # # # # # # # # # # # # # # # # #	CITY IE CITY IF YES, IN CITY CITY	NDICATE TYPE	STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-F PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	# # Allergies LAST NAM # # # #	CITY IE CITY CITY CITY CITY CITY	NDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-6] PRIMARY PHONE SECONDARY PHONE WORK PHONE	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS	# Allergies LAST NAM # Dliance LAST NAM # # # LAST NAM #	CITY IE CITY CITY CITY CITY CITY	NDICATE TYPE	STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-III PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME	RAYS, IF AVAILABLE]
DENTAL RECORDS OTHER CONTACT INFORMATION	Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental App FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME	# Allergies LAST NAM # pliance LAST NAM # LAST NAM # LAST NAM	CITY IE CITY IF YES, IN CITY CITY CITY IE CITY	NDICATE TYPE	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-6] PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE	RAYS, IF AVAILABLE]
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STREET ADDRESS Babysitter Contact In Child's email address		Child's So	reenname	25	Frequently Visited Websites	5	
STREET ADDRESS	formation						
STREET ADDRESS	formation						
FIRST NAME		#	CITY	STATE	SECONDARY PHONE		
		LAST NAM	E		PRIMARY PHONE		
AFTER-SCHOOL ACTIVIT After-School Activitie		DAYS	TIME	STREET ADDRESS	CITY	STATE	
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School Information							
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IAME		PRIMARY P			SECONDARY PHONE	STATE	
omitu o l'Henius		STREET AD	DRESS		# CITY	STATE	
Child's Friends		#	CITY	STATE	PARENT'S NAME		
FIRST NAME		LAST NAM			PRIMARY PHONE		
STREET ADDRESS		#	CITY	STATE	PARENT'S NAME		
FIRST NAME		LAST NAM	E		PRIMARY PHONE		
Emergency Adult Cor							_
PRIMARY WORK ADDRES	SS	#	CITY	STATE	WORK PHONE		INFORMATIO
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE		OTHER CONTACT
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STREET ADDRESS Dentist		#	CITY	STATE	SECONDARY PHONE [ATTACH COPY OF DENTAL X-R.	AYS, IF AVAILABLE	
FIRST NAME		LAST NAM			PRIMARY PHONE		DENTAL RECORDS
		Allergies					
Medications		Allows: -			Illnesses		
Primary Care Physici	an			STATE			
FIRST NAME STREET ADDRESS		LAST NAM	CITY	STATE	PRIMARY PHONE SECONDARY PHONE		MEDICAL RECORDS
IDCT NAME		LACTALL			DDIMARY BUOMS		
dicate and describe	identifying marks (birt	thmarks, sc	ars, moles	s, piercings, etc.)	Nickname(s) of Child		
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STREET ADDRESS Father's Primary Wor	k Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHO		
Father's Home Addre	SS				FATHER'S CELL PHONE		
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE		
Mother's Primary Wo	rk Address				MOTHER'S SECONDARY WORK	PHONE	
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE		
STREET ADDRESS Mother's Home Addre	ess	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE		
Child's Home Addres	S		OLTY	67.75	CHILD'S CELL PHONE		
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GENERAL INFORMATION	STREET ADDRESS	#	CITY		STATE	CHILD'S HOME PHONE	
	Child's Home Address					CHILD'S CELL PHONE	
	STREET ADDRESS	#	CITY		STATE	MOTHER'S HOME PHONE	
	Mother's Home Address					MOTHER'S CELL PHONE	
	STREET ADDRESS	#	CITY		STATE	MOTHER'S PRIMARY WORK PHONE	
	Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHO	NE
	STREET ADDRESS	#	CITY		STATE	FATHER'S HOME PHONE	
	Father's Home Address					FATHER'S CELL PHONE	
	STREET ADDRESS	#	CITY		STATE	FATHER'S PRIMARY WORK PHONE	
••••	Father's Primary Work Address					FATHER'S SECONDARY WORK PHON	VE.
IDENTIFYING CHARACTERIS-	' " LBS COLOR STYLE	LENGTH	SHIRT	PANTS	SHOE	•	
TICS	Height Weight Hair		Clothing	Size			
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						child here	е
						☐ CHILD WEARS GLASSES	• • • • • • •
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	Indicate and describe identifying marks (birt	hmarks, sc	ars, moles,	piercings, e	tc.)	Nickname(s) of Child	
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MEDICAL RECORDS	FIRST NAME	LAST NAM				PRIMARY PHONE	
RECORDS	STREET ADDRESS	#	CITY		STATE	SECONDARY PHONE	
	Primary Care Physician						
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	Medications	Allergies				Illnesses	
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DENTAL RECORDS	FIRST NAME STREET ADDRESS				STATE	PRIMARY PHONE SECONDARY PHONE	
DENTAL RECORDS	FIRST NAME STREET ADDRESS Dentist	LAST NAM	CITY		STATE	PRIMARY PHONE	IF AVAILABLE]
DENTAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAM	CITY	DICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE	IF AVAILABLE]
RECORDS	FIRST NAME STREET ADDRESS Dentist	LAST NAM	CITY IF YES, IN	DICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE	IF AVAILABLE]
RECORDS	STREET ADDRESS Dentist Wears Braces or Other Dental Appliance	LAST NAM #	CITY IF YES, IN	DICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS,	IF AVAILABLE]
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GENERAL						
FORMATION	STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE CHILD'S CELL PHONE	
	STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE	
	STREET ADDRESS	#	CITY	STATE	MOTHER'S CELL PHONE MOTHER'S PRIMARY WORK PHON	IC .
	Mother's Primary Work Address	#	CITT	STATE	MOTHER'S SECONDARY WORK	
	STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
	Father's Home Address				FATHER'S CELL PHONE	
	STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PH	
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	Indicate and describe identifying marks (bir	thmarks, sc	ars, moles, pi	ercings, etc.)	Nickname(s) of Child	
MEDICAL	FIRST NAME	LAST NAM	E		PRIMARY PHONE	
RECORDS	STREET ADDRESS Primary Care Physician	#	CITY	STATE	SECONDARY PHONE	
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	Medications	Allergies			Illnesses	
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RECORDS	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	
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STREET ADD			#	CITY		STATE	FATHER'S HOME PHONE	
Father's Ho		5					FATHER'S CELL PHONE	
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Physical Ha	andicaps		Favorite	Activities				
Particular N	Mannerisms	FRONT	Frequen	itly Visited	Locations		— Attach a curren photo of your child here	t
							☐ CHILD WEARS GLASSES ☐ CHILD WEARS CONTACT LEN	SES
		lentifying marks					Nickname(s) of Child	
		lentifying marks		•••••			Nickname(s) of Child PRIMARY PHONE	MEDICAL
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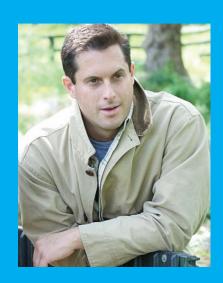
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STREET ADDRESS # CITY STATE SECONDARY PHONE CONTACT INFORM. CITY STATE WORK PHONE CITY STATE WORK PHONE CITY STATE WORK PHONE CITY STATE RELATIONSHIP TO CHILD CITY STATE RELATIONSHIP TO CHILD CITY STATE RELATIONSHIP TO CHILD CHICK'S FRIENDRESS # CITY STATE RELATIONSHIP TO CHILD CHICK'S FRIENDRESS # CITY STATE RELATIONSHIP TO CHILD CHILD'S FRIENDRESS # CITY STATE CHILD'S FRIENDRESS #	Primary Ca Medication FIRST NAME STREET ADD Dentist	E DRESS are Physicia ns E DRESS	an		LAST NAM # Allergies LAST NAM #	CITY CITY CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE	RAYS, IF AVAILABLE)	DENTAL RECORDS
INFORM. INF	Primary Ca Medication FIRST NAME STREET ADD Dentist Wears E	E DRESS are Physicians are P	an		LAST NAM # Allergies LAST NAM #	CITY GEORGE CITY IF YES, INDICATE TYP	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R	RAYS, IF AVAILABLE	DENTAL RECORDS
Errergency Adult Contact Information Errst NAME LAST NAME CITY STATE RELATIONSHIP TO CHILD ETREET ADDRESS # CITY STATE RELATIONSHIP TO CHILD Child's Friends/Roomates STREET ADDRESS # CITY STATE RELATIONSHIP TO CHILD Child's Friends/Roomates # CITY STATE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE Employment Information Child's email addresses Child's Screennames Frequently Visited Websites	Primary Ca Medication FIRST NAME TREET ADD Dentist Wears E	E DRESS Braces or C	an		LAST NAM # Allergies LAST NAM #	CITY CITY IF YES, INDICATE TYP ME	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE (ATTACH COPY OF DENTAL X-R	RAYS, IF AVAILABLE)	DENTAL RECORDS OTHER
ERIST NAME STREET ADDRESS # CITY STATE RELATIONSHIP TO CHILD PRIMARY PHONE STREET ADDRESS # CITY STATE RELATIONSHIP TO CHILD Child's Friends/Roomates STREET ADDRESS # CITY STATE RELATIONSHIP TO CHILD Child's Friends/Roomates # CITY STATE SECONDARY PHONE SECONDARY PHONE SECONDARY PHONE STREET ADDRESS # CITY STATE PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME Child's email addresses Child's Screennames Frequently Visited Websites	Medication FIRST NAME STREET ADD Dentist Wears E	E DRESS are Physicia ns E DRESS Braces or C	an Other Der		LAST NAM # Allergies LAST NAM #	CITY IF YES, INDICATE TYP LE CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE	RAYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
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Child's Friends/Roomates STREET ADDRESS # CITY STATE PRIMARY PHONE SECONDARY PHONE STREET ADDRESS # CITY STATE PRIMARY PHONE STREET ADDRESS # CITY STATE PRIMARY PHONE SECONDARY PHONE STATE PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME Child's email addresses Child's Screennames Frequently Visited Websites	Medication Primary Ca Medication EIRST NAME EIRST NAME ETREET ADD PRIMARY WO EMERGEN CO	E DRESS are Physicia ns E DRESS Braces or C E DRESS ORK ADDRES y Adult Con	an Other Der	ital Applian	LAST NAM # Allergies LAST NAM #	CITY IF YES, INDICATE TYP CITY CITY ME	STATE STATE E STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE	RAYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
Child's Friends/Roomates STREET ADDRESS # CITY STATE NAME PRIMARY PHONE SECONDARY PHONE School Information NAME STREET ADDRESS # CITY STATE PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME Employment Information Child's email addresses Child's Screennames Frequently Visited Websites	Medication FIRST NAME Primary Ca Medication FIRST NAME TREET ADD Dentist Wears E TREET ADD	E DRESS are Physicia ns E DRESS Braces or C E DRESS ORK ADDRES y Adult Con E DRESS	an Other Der	ital Applian	LAST NAM # Allergies LAST NAM # LAST NAM #	AE CITY IF YES, INDICATE TYP AE CITY CITY CITY CITY	STATE STATE E STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD	RAYS, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
STREET ADDRESS # CITY STATE NAME PRIMARY PHONE SECONDARY PHONE School Information NAME STREET ADDRESS # CITY STATE PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME Employment Information Child's email addresses Child's Screennames Frequently Visited Websites	Medication FIRST NAME	E DRESS are Physicia ns E DRESS Braces or C E DRESS ORK ADDRES y Adult Con E DRESS	an Other Der	ital Applian	LAST NAM # Allergies LAST NAM # LAST NAM #	AE CITY IF YES, INDICATE TYP AE CITY CITY AE CITY	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE	RAYS, IF AVAILABLE	DENTAL RECORDS OTHER CONTACT
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Employment Information Child's email addresses Child's Screennames SUPERVISOR'S NAME Frequently Visited Websites	Medication FIRST NAME Primary Ca Medication FIRST NAME	E DRESS Braces or C E DRESS ORK ADDRES y Adult Con E DRESS E DRESS ends/Room	other Der	ital Applian	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # STREET A	AE CITY IF YES, INDICATE TYP AE CITY CITY CITY DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY		DENTAL RECORDS OTHER CONTACT
Child's email addresses Child's Screennames Frequently Visited Websites	Medication Medica	E DRESS Braces or C E DRESS ORK ADDRES y Adult Con E DRESS E DRESS ends/Room	other Der	ital Applian	LAST NAM # Allergies LAST NAM # CEE LAST NAM # LAST NAM # LAST NAM # PRIMARY	AE CITY IF YES, INDICATE TYP AE CITY CITY AE CITY DDRESS PHONE	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY SECONDARY PHONE	STATE	DENTAL RECORDS OTHER CONTACT
Child's email addresses Child's Screennames Frequently Visited Websites	Medication FIRST NAME Primary Ca Medication FIRST NAME STREET ADD Dentist Wears E FIRST NAME STREET ADD FIRST NAME STREET ADD CHIST NAME	E DRESS are Physicia Ins DRESS Braces or C E DRESS ORK ADDRES y Adult Con E DRESS ends/Room ormation	other Der	ital Applian	LAST NAM # Allergies LAST NAM # CEE LAST NAM # LAST NAM # LAST NAM # PRIMARY	AE CITY IF YES, INDICATE TYP AE CITY CITY AE CITY DDRESS PHONE	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY SECONDARY PHONE	STATE	DENTAL RECORDS OTHER CONTACT
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	Medication FIRST NAME Primary Ca Medication FIRST NAME STREET ADD Pentist Wears E FIRST NAME	E DRESS Braces or C E DRESS Braces or C E DRESS ORK ADDRES by Adult Con E DRESS ends/Room ormation	Other Der	ital Applian	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # STREET A PRIMARY	AE CITY IF YES, INDICATE TYP ME CITY CITY AE CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY SECONDARY PHONE # CITY	STATE	DENTAL RECORDS OTHER CONTACT
	Medication FIRST NAME Primary Ca Medication FIRST NAME STREET ADD Pentist Wears E FIRST NAME	E DRESS Braces or C E DRESS Braces or C E DRESS ORK ADDRES by Adult Con E DRESS ends/Room ormation	Other Der	ital Applian	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # STREET A PRIMARY	AE CITY IF YES, INDICATE TYP ME CITY CITY AE CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-R PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY SECONDARY PHONE # CITY	STATE	DENTAL RECORDS OTHER CONTACT
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GENERAL NFORMATION	STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
	Child's Home Address				CHILD'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
	Mother's Home Address				MOTHER'S CELL PHONE
	STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE FATHER'S HOME PHONE
	Father's Home Address	"	0111	JIAIL	FATHER'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
	Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE
	Driver's License Number	License P	late Number		-
	Vehicle Registration Number	MAKE Vehicle In	MODEL	YEAR	
IDENTIFYING	venicle Registration Number	vernicte iii			
ARACTERIS- TICS	LBS COLOR STYLE	LENGTH	SHIRT PANTS	SHOE	
IICS	Height Weight Hair		Clothing Size		-
		-			
	Physical Handicaps	Favorite A	ctivities		
	,		•		
	Particular Mannerisms	Frequentl	y Visited Locations		- Attach a current
	FRONT	BAC	(photo of your
	\bigcirc				child here
					• • • • • • • • • • • • • • • • • • • •
	\frac{\lambda}{\lambda} \lambda\lambda		\ <u>\</u>		☐ CHILD WEARS GLASSES ☐ CHILD WEARS CONTACT LENSES
	Indicate and describe identifying marks (bird	hmarks sc	ers moles niercings	tattons etc.)	Nistance (s) of Ohild
					Nickname(s) of Child
MEDICAL RECORDS	FIRST NAME	LAST NAMI			PRIMARY PHONE
RECORDS	STREET ADDRESS Primary Care Physician	#	CITY	STATE	SECONDARY PHONE
	Timary Gare Finysician				
	Medications	Allergies			Illnesses
DENTAL	Medications FIRST NAME	Allergies LAST NAMI	<u>.</u>		Illnesses PRIMARY PHONE
DENTAL RECORDS			CITY	STATE	
	FIRST NAME	LAST NAMI		STATE	PRIMARY PHONE SECONDARY PHONE
	FIRST NAME STREET ADDRESS	LAST NAMI			PRIMARY PHONE SECONDARY PHONE
RECORDS	FIRST NAME STREET ADDRESS Dentist	LAST NAMI	CITY IF YES, INDICATE TYPE		PRIMARY PHONE
OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance	#	CITY IF YES, INDICATE TYPE		PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABI
RECORDS	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME	#	IF YES, INDICATE TYPE		PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABITED PRIMARY PHONE
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OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	#	CITY IF YES, INDICATE TYPE CITY CITY	STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE
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OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME	e LAST NAMI # LAST NAMI #	CITY IF YES, INDICATE TYPE CITY CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE
OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS	LAST NAMI # E LAST NAMI # LAST NAMI #	CITY IF YES, INDICATE TYPE CITY CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD
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OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends/Roomates	e LAST NAMI # LAST NAMI # LAST NAMI # LAST NAMI # STREET AD	CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY DRESS	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE
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OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends/Roomates NAME School Information	LAST NAMI # LAST NAMI # LAST NAMI # LAST NAMI # STREET AD PRIMARY P	CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY DRESS HONE	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAB PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE
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OTHER CONTACT	FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends/Roomates NAME School Information NAME PRIMARY PHONE	LAST NAMI # E LAST NAMI # LAST NAMI # LAST NAMI # STREET AD PRIMARY P STREET AD SECONDAR	CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY DRESS HONE	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABITED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE # CITY STATE

STREET ADDRESS Child's Home Address	# CITY	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
STREET ADDRESS	# CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE		
Mother's Home Address			MOTHER'S CELL PHONE		
STREET ADDRESS	# CITY	STATE	MOTHER'S PRIMARY WORK PHONE		
Mother's Primary Work Address			MOTHER'S SECONDARY WORK P	HONE	
STREET ADDRESS	# CITY	STATE	FATHER'S HOME PHONE		
Father's Home Address			FATHER'S CELL PHONE		
STREET ADDRESS	# CITY	STATE	FATHER'S PRIMARY WORK PHON	NE	
Father's Primary Work Address			FATHER'S SECONDARY WORK P	HONE	
Driver's License Number	License Plate Number				
	MAKE MODEL	YEAR			
Vehicle Registration Number	Vehicle Information		_		
LBS COLOR STYLE Height Weight Hair	LENGTH SHIRT PANTS Clothing Size	SHOE	-		IDENTIFYING CHARACTERIS TICS
Physical Handicaps	Favorite Activities				
Physical Handicaps	Favorite Activities				
Particular Mannerisms	Frequently Visited Locations		_ Attach a cı	urrent	
FRONT	BACK		photo of		
			child he	ere	•
			☐ CHILD WEARS GLASS	ES	
/() ()(\			CTIENSES	
			☐ CHILD WEARS CONTA	CT LLINGLS	
			☐ CHILD WEARS CONTA	COT ELIVOES	
ndicate and describe identifying marks (b			Nickname(s) of Child	LENGES	
			Nickname(s) of Child	OT EENSES	MEDICAL
FIRST NAME STREET ADDRESS			Nickname(s) of Child		MEDICAL RECORDS
FIRST NAME	LAST NAME		Nickname(s) of Child PRIMARY PHONE		
FIRST NAME STREET ADDRESS	LAST NAME		Nickname(s) of Child PRIMARY PHONE	OTENSES	
FIRST NAME STREET ADDRESS	LAST NAME		Nickname(s) of Child PRIMARY PHONE		
FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAME # CITY		Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAME # CITY Allergies		Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAME # CITY Allergies LAST NAME	STATE	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE		DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE		DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAME # CITY Allergies LAST NAME # CITY	STATE	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE		DENTAL RECORDS OTHER
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist U Wears Braces or Other Dental Applia	LAST NAME # CITY Allergies LAST NAME # CITY nce IF YES, INDICATE TYP	STATE	Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RA		DENTAL RECORDS OTHER CONTACT
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New York State
Senator Greg Ball
40TH SENATE DISTRICT
BALL.NYSENATE.GOV

District Office

1441 Route 22, Suite 205 Brewster, NY 10509 (845) 279-3773

Albany Office

817 Legislative Office Building Albany, New York 12247 (518) 455-3111

