

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,

The U.S. Department of Justice reports that nationally, 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,

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 <u>www.</u> <u>childfindofamerica.org</u>

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

New York State Majority Leader Dean Skelos

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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 Mana		FIRST		MIDDLE		CP:14 C	aial Carre	tu Number	GENERAL INFORMATION
Child's Full Name						Unita s So		ty Number	
MONTH DAY Child's Birthday	YEAR	HOSPITAL Child's Bir	thplace		CITY		STATE	COUNTRY	
	☐ Hispanic		☐ American Indian	n 🗖 Biracial	□ Other				
Child's Race						Eye Color		Hair Color	_
LAST		FIRST		MIDDLE					
Mother's Full Name	_					Mother's S	Social Secu	ırity Number	
Father's Full Name		FIRST		MIDDLE		Eathor's S	ocial Socu	rity Number	
Tattlet 5 Full Name						J attiel 5 3		Tity Number	MEDICAL
FIRST NAME	:	LAST NAME		ADDRESS				PHONE	RECORDS
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FIRST NAME		LAST NAME		ADDRESS				PHONE	RECORDS
Dentist									
Attach a copy of your	child's Dent	ral X-rays							
Attach a copy of your Use the boxes to the right	child's Dent	al X-rays		FRONT	BA	ск			IDENTIFYING
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GENERAL								
INFORMATION	STREET ADDR		s	#	CITY	STATE	CHILD'S HOME PHONE	
	Mother's Ho		ess	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE	
	STREET ADDR	RESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
	Mother's Pri	imary Wo	rk Address				MOTHER'S SECONDARY WORK PHONE	
	STREET ADDR	RESS		#	CITY	STATE	FATHER'S HOME PHONE	
	Father's Hor	me Addre	SS				FATHER'S CELL PHONE	
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STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
STREET ADDRESS	#	CITY	CTATE	MOTHER'S SECONDARY WORK PHONE	
Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE	
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GENERAL					
INFORMATION	STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
	STREET ADDRESS	щ	CITY	CTATE	CHILD'S CELL PHONE
	Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
	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 PHONE
	Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE
IDENTIFYING ARACTERISTICS	' " LBS COLOR STYLE	LENGTH	SHIRT PANTS	SHOE	
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	Favorite Activities	Favorite F	oods		
	Physical Handicaps FRONT	Particular	Mannerisms		Attach a current photo of your
					child here ☐ CHILD WEARS GLASSES
	Indicate and describe identifying marks (birt				Nickname(s) of Child
MEDICAL RECORDS	FIRST NAME	LAST NAME			PRIMARY PHONE
RECORDS	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
	Primary Care Physician				
	Medications	Allergies			Illnesses
DENTAL RECORDS	FIRST NAME	LAST NAME			PRIMARY PHONE
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
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OTHER CONTACT	FIRST NAME	LAST NAME			PRIMARY PHONE
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	PRIMARY WORK ADDRESS	#	CITY	STATE	WORK PHONE
	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	#	CITY	STATE	PARENT'S NAME
	Child's Friends				
		STREET AD			# CITY STATE
	NAME Day Care/Pro School Contact Information	TEACHER'S	NAME		PHONE
	Day Care/Pre-School Contact Information				
	FIRST NAME	LAST NAME			PRIMARY PHONE
	STREET ADDRESS Babysitter Contact Information	#	CITY	STATE	SECONDARY PHONE
NOTES					

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GENERAL INFORMATION	STREET ADDRESS			#	CITY		STATE	CHILD'S HOME PHON	
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	Mother's Home Addres	3S						MOTHER'S CELL PHO	ONE
	STREET ADDRESS			#	CITY		STATE	MOTHER'S PRIMARY W	ORK PHONE
	Mother's Primary Work	K Address						MOTHER'S SECONDA	ARY WORK PHONE
	STREET ADDRESS			#	CITY		STATE	FATHER'S HOME PH	IONE
	Father's Home Address	S						FATHER'S CELL PHO	DNE
	STREET ADDRESS			#	CITY		STATE	FATHER'S PRIMARY	WORK PHONE
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GENERAL

TREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE		GENERAL INFORMATION
TREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE		
	"	OLTY	CTATE	MOTHER'S CELL PHONE	-	
IREET ADDRESS Iother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHON		
TREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK FATHER'S HOME PHONE	PHUNE	
ather's Home Address	π	CITT	JIAIL	FATHER'S CELL PHONE		
TREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHI	ONE	
ather's Primary Work Address				FATHER'S SECONDARY WORK	PHONE	
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Height Weight Hair		Clothing				CHARACTERIS
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dicate and describe identifying marks	(birthmarks, s		, piercings, etc.)	□ LEFT-HANDED □	RIGHT-HANDED	MEDICAL RECORDS
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IRST NAME		ME		Nickname(s) of Child PRIMARY PHONE	RIGHT-HANDED	
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GENERAL INFORMATION	STREET ADDRESS Child's Home Address	# CITY	STATE	CHILD'S HOME 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 MOTHER'S SECONDARY WORK PHONI	
	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 PHONE	
IDENTIFYING RACTERISTICS	LBS COLOR STYLE Height Weight Hair	LENGTH SHIRT	r PANTS SHOE		• • • • •
	Physical Handicaps	Favorite Activitie	es Favorite Foods	_	
	Particular Mannerisms	Frequently Visite	ed Locations	Attach a current	t
	FRONT	BACK		photo of your	
				child here CHILD WEARS GLASSES LEFT-HANDED RIGHT	Γ-HANDE
]/			
	Indicate and describe identifying marks (I			Nickname(s) of Child	
MEDICAL					
MEDICAL RECORDS				Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE	
	FIRST NAME	LAST NAME		PRIMARY PHONE	
	FIRST NAME STREET ADDRESS Primary Care Physician	LAST NAME # CITY		PRIMARY PHONE SECONDARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS	LAST NAME		PRIMARY PHONE	
	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	LAST NAME # CITY		PRIMARY PHONE SECONDARY PHONE	
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	# CITY Allergies		PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE	
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DENTAL RECORDS OTHER CONTACT	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 FIRST NAME STREET ADDRESS FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	LAST NAME # CITY Allergies LAST NAME # CITY LAST NAME # CITY # CITY LAST NAME # CITY STREET ADDRESS PRIMARY PHONE TEACHER'S NAME	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF 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	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 FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities	LAST NAME # CITY Allergies LAST NAME # CITY LAST NAME # CITY LAST NAME # CITY STREET ADDRESS PRIMARY PHONE TEACHER'S NAME DAYS TIME DAYS TIME	STATE STATE STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY SECONDARY PHONE PRINCIPAL'S NAME CITY CITY	STATE
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STREET ADDRESS						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 PH	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	Е	
Father's Primary Work Address				FATHER'S SECONDARY WORK PH	IONE	
' " LBS COLOR STYLE	LENGTH	SHIRT	PANTS SHOE		• • • • • • • • •	IDENTIFYING CHARACTERISTI
Height Weight Hair		Clothing	Size			
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Physical Handicaps	Favorito	Activities	Favorite Foods			
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Particular Mannerisms	Frequen	tly Visited L	_ocations			
FRONT	l BAG			Attach a curr	rent	
				photo of yo	ur	
				- child here	•	
				□ CHILD WEARS GLASSE	ES.	
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ndicate and describe identifying marks (b	pirthmarks, s	cars, moles	s, piercings, etc.)	Nickname(s) of Child		
ndicate and describe identifying marks (b			s, piercings, etc.)			MEDICAL
FIRST NAME	LAST NAM	МЕ		PRIMARY PHONE		MEDICAL RECORDS
FIRST NAME STREET ADDRESS			s, piercings, etc.) STATE			MEDICAL RECORDS
FIRST NAME	LAST NAM	МЕ		PRIMARY PHONE		MEDICAL RECORDS
FIRST NAME STREET ADDRESS	LAST NAM	МЕ		PRIMARY PHONE		MEDICAL RECORDS
FIRST NAME STREET ADDRESS	LAST NAM	CITY		PRIMARY PHONE		MEDICAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAM	ME CITY		PRIMARY PHONE SECONDARY PHONE Illnesses		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	# Allergies	CITY S	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE		RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAM	ME CITY		PRIMARY PHONE SECONDARY PHONE Illnesses	'S, IF AVAILABLE]	RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	LAST NAM # Allergies LAST NAM #	CITY S ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY	'S, IF AVAILABLE]	DENTAL RECORDS OTHER
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME	LAST NAM # Allergies LAST NAM #	ME CITY S ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE	'S, IF AVAILABLE]	DENTAL RECORDS
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS	LAST NAM # Allergies LAST NAM #	ME CITY ME CITY ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE	'S, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAM # Allergies LAST NAM #	ME CITY S ME CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE	(S, IF AVAILABLE)	DENTAL RECORDS OTHER CONTACT
FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAM # Allergies LAST NAM # LAST NAM #	ME CITY ME CITY CITY CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE WORK PHONE	'S, IF AVAILABLE]	DENTAL RECORDS OTHER CONTACT
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	LAST NAM # Allergies LAST NAM #	ME CITY ME CITY CITY CITY	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE	(S, 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	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM #	ME CITY ME CITY ME CITY CITY ME CITY	STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAY PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME	(S, IF AVAILABLE)	DENTAL RECORDS OTHER CONTACT
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	Mother's Ho		ess							CELL PHONE	
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IDENTIFYING RACTERISTICS	Height \	LBS Weight	COLOR Hair	STYLE	LENGTH	SHIRT Clothing S	PANTS Size	SHOE	_		
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dicate and describe identifyir		scars, moles	s, piercings, etc.)	Nickname(s) of Child	
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				☐ CHILD WEARS GLASSES	
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Physical Handicaps	Favorite	e Activities	Favorite Foods		
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Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
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Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Child's Home Address				CHILD'S CELL PHONE	
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GENERAL						
INFORMATION	STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE	
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	Mother's Primary Work Address	п	OTT	SIAIL	MOTHER'S SECONDARY WORK	
	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	ONE
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CHARACTERISTICS	Height Weight Hair		Clothing S			
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DENTAL	Medications	Allergies			Illnesses	
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KECUKU3	FIRST NAME					
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RECORDS	STREET ADDRESS Dentist	#	CITY	STATE	SECONDARY PHONE [ATTACH COPY OF DENTAL X-R	AYS, IF AVAILABLE]
	STREET ADDRESS	#	CITY IF YES, IND			AYS, IF AVAILABLE]
OTHER CONTACT	STREET ADDRESS Dentist	# LAST NAME	IF YES, IND			AYS, IF AVAILABLE
	Dentist Wears Braces or Other Dental Appliance		IF YES, IND		[ATTACH COPY OF DENTAL X-R	AAYS, IF AVAILABLE]
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OTHER CONTACT	Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS	LAST NAME	IF YES, IND	ICATE TYPE STATE	PRIMARY PHONE SECONDARY PHONE	AYS, IF AVAILABLE]
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Child's E-mailAddresses		Child's Sar	reennames		Frequently Visited Websites		
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RST NAME		LAST NAME			PRIMARY PHONE		
fter-School Activities		DAYS	TIME	STREET ADDRESS	CITY	STATE	
FTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS	CITY	STATE	
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hild's Friends							
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IRST NAME		LAST NAME		STATE	PRIMARY PHONE		_
TREET ADDRESS		LAST NAME	CITY	STATE	PRIMARY PHONE PARENT'S NAME		
Emergency Adult Contact In		LACTIVI			DDIMARY BUILDING		
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STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE		INFORMATIO
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☐ Wears Braces or Other Dental Appl			IF YES, IND	ICATE TYPE			
)entist					[ATTACH COPY OF DENTAL X-RA	YS, IF AVAILABLE]	_
TREET ADDRESS		#	CITY	STATE	SECONDARY PHONE		KECUKU3
IRST NAME		LAST NAME	••••••		PRIMARY PHONE		DENTAL RECORDS
Medications		Allergies			Illnesses		
Primary Care Physician							_
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ather's Home Address		п	CITI	STATE	FATHER'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	
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	Indicate and describe identifying marks (birt			, piercings, etc.)	Nickname(s) of Child	
MEDICAL	FIRST NAME	LAST NAM			PRIMARY PHONE	
RECORDS	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	
	Primary Care Physician		OTT	JIAIL	SECONDART FROME	
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GENERAL INFORMATION									
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Physical Ha	andicaps			Favorite A	Activities				
'articular N	Mannerism:		FRONT	Frequent	ly Visited L	Locations		— Attach a current photo of your child here	
	l docaribo is				4			☐ CHILD WEARS GLASSES ☐ CHILD WEARS CONTACT LENSES	
•••••		dentifying r	narks (birth	LAST NAM	••••••	s, piercings,	etc.)	Nickname(s) of Child PRIMARY PHONE	MEDICAL RECORDS
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GENERAL INFORMATION	STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	
	Child's Home Address				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 P	HONE
	Mother's Primary Work Address				MOTHER'S SECONDARY W	
	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 WO	ORK PHONE
	Driver's License Number	License Pla	te Number			
		MAKE	MODEL	YEAR		
	Vehicle Registration Number	Vehicle Info	rmation			
IDENTIFYING RACTERISTICS	LBS COLOR STYLE		SHIRT PANTS	SHOE		
	Height Weight Hair		Clothing Size			
	Physical Handicaps	Favorite Act	ivities			
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	Indicate and describe identifying marks (birt	thmarks, scar	s, moles, piercings,	etc.)	Nickname(s) of Ch	ild
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STREET ADDRESS		CITY		CHILD'S HOME PHONE	
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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 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 PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	
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Driver's License Number	License Pl	ate Number			
	MAKE	MODEL	YEAR		
Vehicle Registration Number	Vehicle Inf	ormation			
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Physical Handicaps	Favorite A	ctivities			
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			STATE		
STREET ADDRESS			STATE		
STREET ADDRESS Primary Care Physician	#		STATE	SECONDARY PHONE	
STREET ADDRESS Primary Care Physician Medications	# Allergies	CITY	STATE	SECONDARY PHONE Illnesses	RECORDS
Primary Care Physician Medications	#	CITY		Illnesses PRIMARY PHONE	
STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	# Allergies	CITY	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE	DENTAL RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	# Allergies	CITY	STATE	Illnesses PRIMARY PHONE	DENTAL RECORDS
Primary Care Physician Medications	# Allergies	CITY	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE	DENTAL RECORDS
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	# Allergies	CITY CITY IF YES, INDICATE TYP	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance	# Allergies LAST NAME	CITY CITY IF YES, INDICATE TYP	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	# Allergies LAST NAME	CITY CITY IF YES, INDICATE TYPE	STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE	DENTAL RECORDS OTHER
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS	# Allergies LAST NAME	CITY CITY IF YES, INDICATE TYPE CITY	STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	# Allergies LAST NAME	CITY CITY IF YES, INDICATE TYPE CITY CITY	STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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	# Allergies LAST NAME # LAST NAME # LAST NAME #	CITY CITY CITY CITY CITY CITY	STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME	# Allergies LAST NAME # LAST NAME #	CITY CITY IF YES, INDICATE TYPE CITY CITY CITY	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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	# Allergies LAST NAME # LAST NAME # LAST NAME #	CITY CITY CITY CITY CITY CITY	STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PRIMARY PHONE PARENT'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME #	CITY CITY CITY CITY CITY CITY	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME STREET ADDRESS Child's Friends	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD	CITY CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PARENT'S NAME PARENT'S NAME PARENT'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME STREET ADDRESS Child's Friends	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # PRIMARY PH	CITY	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PARENT'S NAME # CITY STATE SECONDARY PHONE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD	CITY	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PARENT'S NAME PARENT'S NAME PARENT'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # PRIMARY PH TEACHER'S	CITY CITY IF YES, INDICATE TYF CITY CITY CITY CITY DRESS HONE NAME	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PARENT'S NAME # CITY STATE SECONDARY PHONE PRINCIPAL'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 FIRST NAME STREET ADDRESS Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # PRIMARY PH TEACHER'S DAYS	CITY CITY CITY CITY CITY CITY CITY TIME STREET	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE SECONDARY PHONE PRINCIPAL'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # PRIMARY PH TEACHER'S	CITY CITY CITY CITY CITY CITY CITY TIME STREET	STATE STATE STATE STATE	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PARENT'S NAME # CITY STATE SECONDARY PHONE PRINCIPAL'S NAME	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD PRIMARY PH TEACHER'S DAYS DAYS	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET TIME STREET	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities NAME	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD PRIMARY PH TEACHER'S DAYS DAYS DAYS STREET ADD	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET DRESS	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities NAME PRIMARY PHONE	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD PRIMARY PH TEACHER'S DAYS DAYS	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET DRESS	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY AFTER-SCHOOL ACTIVITY After-School Activities NAME	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD PRIMARY PH TEACHER'S DAYS DAYS DAYS STREET ADD	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET DRESS	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities NAME PRIMARY PHONE	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADD PRIMARY PH TEACHER'S DAYS DAYS DAYS STREET ADD	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET DRESS	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT
Primary Care Physician Medications 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 Child's Friends NAME PRIMARY ROUTE TO SCHOOL School Information AFTER-SCHOOL ACTIVITY After-School Activities NAME PRIMARY PHONE	# Allergies LAST NAME # LAST NAME # LAST NAME # LAST NAME # STREET ADI PRIMARY PH TEACHER'S DAYS DAYS STREET ADI SECONDARY	CITY CITY CITY CITY CITY CITY CITY TIME TIME STREET DRESS	STATE STATE STATE STATE ADDRESS	Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABED PRIMARY PHONE SECONDARY PHONE WORK PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME PRIMARY PHONE PARENT'S NAME # CITY STATE CITY STATE CITY STATE	DENTAL RECORDS OTHER CONTACT

GENERAL	STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
INFORMATION	Child's Home Address	#	CITT	STATE	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 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 PHONE
	Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE
					•
	Driver's License Number	License F	Plate Number		
		MAKE	MODEL	YEAR	
	Vehicle Registration Number	Vehicle Ir	nformation		
IDENTIFYING RACTERISTICS	Height Weight Hair	LENGTH	SHIRT PANTS Clothing Size	SH0E	
	Physical Handicaps	Favorite A	Activities		
	Particular Mannerisms	Frequent	ly Visited Locations		
	FRONT	BAC			_ Attach a current
					photo of your
		، کر			child here
					☐ CHILD WEARS GLASSES
	0/ _{\(\lambda\)}				☐ CHILD WEARS CONTACT LENSES
			\\		
	Indicate and describe identifying marks (bi	rthmarks, so	ars, moles, piercings,	tattoos, etc.) Nickname(s) of Child
MEDICAL				tattoos, etc.	
MEDICAL RECORDS	FIRST NAME	LAST NAM	E		PRIMARY PHONE
MEDICAL RECORDS	FIRST NAME STREET ADDRESS			tattoos, etc.	
MEDICAL RECORDS	FIRST NAME	LAST NAM	E		PRIMARY PHONE
MEDICAL RECORDS	FIRST NAME STREET ADDRESS	LAST NAM	E		PRIMARY PHONE
MEDICAL RECORDS	STREET ADDRESS Primary Care Physician Medications	LAST NAM	CITY		PRIMARY PHONE
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications	# Allergies	CITY		PRIMARY PHONE SECONDARY PHONE Illnesses
MEDICAL RECORDS DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME	# Allergies	E CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	# Allergies	CITY		PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE
RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	# Allergies	E CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS	# Allergies	E CITY	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist	# Allergies	E CITY E CITY IF YES, INDICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE
DENTAL RECORDS	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance	LAST NAM # Allergies LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAM # Allergies LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE	STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS	LAST NAM # LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE E CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS	LAST NAM # LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE E CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE SECONDARY PHONE SECONDARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications FIRST NAME STREET ADDRESS Dentist Wears Braces or Other Dental Appliance FIRST NAME STREET ADDRESS PRIMARY WORK ADDRESS Emergency Adult Contact Information	LAST NAM # LAST NAM # LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE E CITY CITY	STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE SECONDARY PHONE WORK PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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	LAST NAM # LAST NAM # LAST NAM # LAST NAM # LAST NAM	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY E CITY	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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	LAST NAM # LAST NAM # LAST NAM # LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY E CITY	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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	LAST NAM #	E CITY IF YES, INDICATE TYPE CITY CITY CITY E CITY E CITY	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAN PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # LAST NAM # STREET AI	E CITY E CITY IF YES, INDICATE TYPE E CITY CITY CITY DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAGE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates	LAST NAM #	E CITY E CITY IF YES, INDICATE TYPE E CITY CITY CITY DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILAN PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates NAME School Information	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # STREET AI PRIMARY I	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY CITY PDRESS PHONE	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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/Roommates NAME School Information NAME	LAST NAM # STREET AI	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE # CITY STATE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates NAME School Information NAME PRIMARY PHONE	LAST NAM # Allergies LAST NAM # LAST NAM # LAST NAM # STREET AI PRIMARY I	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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/Roommates NAME School Information NAME	LAST NAM # STREET AI	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE # CITY STATE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates NAME School Information NAME PRIMARY PHONE	LAST NAM # STREET AI	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE # CITY STATE
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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/Roommates NAME School Information NAME PRIMARY PHONE Employment Information	LAST NAM # STREET AI PRIMARY I	E CITY IF YES, INDICATE TYPE CITY CITY CITY CITY DDRESS PHONE DDRESS RY PHONE	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SUPERVISOR'S NAME
DENTAL RECORDS OTHER CONTACT	FIRST NAME STREET ADDRESS Primary Care Physician Medications 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 Child's Friends/Roommates NAME School Information NAME PRIMARY PHONE	LAST NAM # STREET AI PRIMARY I	E CITY E CITY IF YES, INDICATE TYPE CITY CITY CITY DDRESS PHONE DDRESS	STATE STATE STATE STATE	PRIMARY PHONE SECONDARY PHONE Illnesses PRIMARY PHONE SECONDARY PHONE [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE PRIMARY PHONE SECONDARY PHONE WORK PHONE PRIMARY PHONE RELATIONSHIP TO CHILD PRIMARY PHONE RELATIONSHIP TO CHILD # CITY STATE SECONDARY PHONE # CITY STATE

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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 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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	Driver's License Number	License	Plate Number			
		MAKE	MODEL	YEAR		
	Vehicle Registration Number	Vehicle I	nformation			
IDENTIFYING CHARACTERISTICS	' " LBS COLOR ST	TYLE LENGTH	SHIRT PANTS	SHOE		
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	Physical Handicaps	Favorite	Activities			
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MEDICAL RECORDS	FIRST NAME	LAST NAM	ИE		PRIMARY PHONE	
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	Primary Care Physician					
	Medications	Allergies	5		Illnesses	
DENTAL	FIRST NAME	LAST NAM	M.F.		PRIMARY PHONE	
RECORDS	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE	
	Dentist				[ATTACH COPY OF DENTAL X-RA	YS, IF AVAILABLE]
	☐ Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE			
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OTHER CONTACT INFORMATION	FIRST NAME	LAST NAM			PRIMARY PHONE	
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	PRIMARY WORK ADDRESS Emergency Adult Contact Information	on #	CITY	STATE	WORK PHONE	
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	NAME	PRIMARY			** CITT SECONDARY PHONE	VIAIL
	School Information	TAIPIANT				
	NAME	STREET A	DDRESS		# CITY	STATE
	PRIMARY PHONE		RY PHONE		SUPERVISOR'S NAME	
	Employment Information	22301137				
	Child's E-mailAddresses	Child's S	creennames		Frequently Visited Websites	
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	Any other relevant information that					

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		
		OUTV	CTATE.	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 FATHER'S HOME PHONE	PHUNE	
Father's Home Address	#	CITY	STATE	FATHER'S CELL PHONE		
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHO	ONF	
Father's Primary Work Address	"	0111	STATE	FATHER'S SECONDARY WORK		
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/ehicle Registration Number	MAKE Vehicle In	MODEL nformation	YEAR			
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Particular Mannerisms	Frequent	ly Visited Locations		Attach a c	urrent	
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			s, tattoos, etc) Nickname(s) of Child	ACT LENSES	MEDICAL
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	LAST NAM		s, tattoos, etc) Nickname(s) of Child	ACT LENSES	
FIRST NAME STREET ADDRESS	LAST NAM	E		Nickname(s) of Child PRIMARY PHONE	ACT LENSES	
FIRST NAME STREET ADDRESS	LAST NAM	E		Nickname(s) of Child PRIMARY PHONE	ACT LENSES	
STREET ADDRESS Primary Care Physician	LAST NAM	E		Nickname(s) of Child PRIMARY PHONE	ACT LENSES	
FIRST NAME STREET ADDRESS Primary Care Physician Medications	LAST NAM # Allergies	E CITY		Nickname(s) of Child PRIMARY PHONE SECONDARY PHONE Illnesses	ACT LENSES	RECORDS
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New York State Majority Leader Senator Dean Skelos

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