

## SCP Family Information Page

*This form will be kept confidential. It is a way for our teachers/staff to get to know your child and family, so that we may provide the best care possible.*

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Siblings (Names & Ages): \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Is there any information that we need to know regarding your family situation? (For example – death in the family, divorce, traumatic experience, custody agreements, etc.):

\_\_\_\_\_  
\_\_\_\_\_

*(Please note that if there is a court ordered custody agreement that prevents a parent or legal guardian from contact with your child at a given time; we must have a copy of the court order to ensure your child's safety.)*

If information is to be sent to more than one household, please list the addresses below (and the relation to the child)

(1) Address: \_\_\_\_\_

Relation: \_\_\_\_\_

(2) Address: \_\_\_\_\_

Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_