

Family Information, Income & Contacts

Family Informa	ation											
Family Living Add												
Started Living At Da	ate Living Address		Addre	ess Line 2	ZIP	City	1		State	Cou	nty	
Family Mailing Add	droce											
Same as living?	Started Using Date	Mailing A	۱ ططعمم	۸۵۵	ress Line 2	ZIP		City				State
	Started Using Date	Ivialling /	Address	Addi	ess Line 2	ZIF		City				State
☐ Yes ☐ No												
Phone Number(s)		Type (che	eck one)		Note (extension	or bes	st time to call)		Opt In f	or Tex	t
										Messag	ges	
		П Cell Г	l Home □ Work	□ Other						□ Yes	ПΝο	
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		□ Cell □	l Home □ Work					☐ Yes ☐ No				
				- O.I.						☐ Yes ☐ No		
			l Home □ Work									
Parental Status	Primary Lar		Homeless	Active Duty				eiving	W		WIC	
(check one)	at Hom	ie	Family	Military	Welfare A	_		SNAP		(if applicable		cable)
			□ Yes	☐ Yes	□Ye		□ Yes			□ Yes		
			□ No	□ No	□ N	0		No		lo		
	4 4											
Emergency Co	ntacts						_					
Name			Relations	ship			Emergency	Contact		Relea	ase To	
							☐ Yes	□ No		□ Yes		No
Address				ZIP			City				St	ate
71001000												
Phone Number 1			Phone Number	2			Phone Numl	per 3				
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Name			Relationship				Emergency	Contact		Relea	00 To	
INdille			Relationship									
							☐ Yes	□ No		□ Yes		No
Address				ZIP			City				St	ate
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Name			Relationship	1			Emergency	Contact		Relea	se To	
ramo			rtolationionip									
							☐ Yes	□ No		□ Yes	П	No
Address				ZIP			City				State	
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Name			Relation	nship			Emergency	Contact		Re	lease ⁻	Го
				- 1			□ Yes	□ No		□ Ye		□ No
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Address				ZIP			City				State	
Phone Number 1			Phone Number	2			Phone Num	har 3				
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	☐ Cell ☐ Home	⊔ Work			Cell □ Home □ V	vork				Cell 🗆 F	iome L	⊔ Work
*Child will not be released to any individual who does not have proper ID and/or is not listed as a contact on this "Release To" form, child will not										 t		

*Child will not be released to any individual who does not have proper ID and/or is not listed as a contact on this "Release To" form, child will not be released and will be returned to the school. In the event that no one is present at bus stop and/or if child is not picked up at the school within 15 minutes of release time, social services will have to be notified.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature	Date