

EHTASCC Kindergarten Wrap Around Family Information



Child's Name: _____ Male Female

Date of Birth: _____ Age: _____ Entering Grade: _____ School: _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

• **Parent/Guardian** Name: _____ Relationship: _____

Please enter the following information if different from child's. Otherwise write SAME.

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Employer: _____

Work Address: _____ Town: _____ Zip: _____

Marital Status: Married Separated /Divorced Widowed
**Please provide a copy of a dated Court Order that limits or restricts
someone's access to your child.**

• **Parent/Guardian** Name: _____ Relationship: _____

Please enter the following information if different from child's. Otherwise write SAME.

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Employer: _____

Work Address: _____ Town: _____ Zip: _____

Emergency Contacts

Authorized to Pick-up Child

Each individual must have photo-ID available when picking up child.

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

4. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I hereby acknowledge that I have reviewed and affirm the accuracy of all of my child's family information.

Parent/Guardian Signature: _____ Date: _____