



# Crossing Kids

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Parent / Guardian Information					
First Name / Nick Name	MI	Last Name	Gender M or F	Date of Birth (mm/dd/yyyy)	
Email		Mobile #		Marital Status Single / Married	
First Name / Nick Name	MI	Last Name	Gender M or F	Date of Birth (mm/dd/yyyy)	
Email		Mobile #		Marital Status Single / Married	
Address		City	ST	Zip	Main/Home #

Child(ren) Information				
First Name / Nick Name	MI	Last Name	Gender M or F	Date of Birth (mm/dd/yyyy)
Class (circle one): infant crawler walker 2yrs 3yrs 4yrs 5yrs K 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>		Allergies / Medical Situation		<input type="checkbox"/> Involved in Foster Care Community <input type="checkbox"/> Child with Special Needs
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**FOR OFFICE USE ONLY**

CIRCLE ONE: ( New Family / Visitor / Additional Child / Other: \_\_\_\_\_ )

NOTES: