



FAMILY INFORMATION FORM

Please Print All 5 Forms in the Student Information Packet and Mail to:
160 Avenue of the Commons, Shrewsbury, NJ 07702

Child Information

First Name

Nickname

Last Name

Date of Birth

Age as of Sept.

Address

Address (Line 2)

City

State

ZIP Code

Home Phone

Cell Phone

E-mail

Family Information

Mother's Name

Mother's Occupation

Hours of Employment

Business Address

Mother's E-mail

Mother's Cell Phone

Father's Name

Father's Occupation

Hours of Employment

Business Address

Father's E-mail

Father's Cell Phone

Sibling Name

Age

Grade

Sibling Name

Age

Grade

Sibling Name

Age

Grade

Sibling Name

Age

Grade

Sibling Name

Age

Grade

Persons Authorized to Pick-Up Child from School

Full Name

Relationship

Full Name

Relationship

Full Name

Relationship

Full Name

Relationship

Emergency Contacts (2 Required at a Minimum by Law)

Only include local people who will be able to help.

Full Name

Relationship

Home Phone

Cell Phone

Address

Full Name

Relationship

Home Phone

Cell Phone

Address

Full Name

Relationship

Home Phone

Cell Phone

Address

Mother or Guardian's Signature

Date

Father or Guardian's Signature

Date