

Bender Early Childhood Center 2017-2018 Family Situation Form

In order that we may best serve your child and family, as well as tend to any legal responsibilities, please complete this form in full, **only if applicable**. Fill in every blank and return the form along with completed emergency cards. If both parents reside at the same address you may discard this form.

Child's First Name	Child's Last Name	Child's Last Name	
Address			
City	State	Zip Code	
Primary Phone			
Parent 1 Full Name			
Address			
City	State	Zip Code	
Email Address	Primary Phone		
Parent 2 Full Name			
Address			
City	State	Zip Code	
Email Address	Primary Phone		
Please Complete the Foll	owing Questions:		
Parental Status	Does one parent have custody?	Is a parent NOT permitted to pick up the child at school?	
Married		□No □Yes	
Separated	lf Yes,	Legal documentation is required for us to comply.	
Divorced	Mother?		
Widowed	□Father?	Who may NOT pick up the child?	
	Who is/are the legal guardian(s)?		
If other than parent, name the	he person with whom the child lives:		
- · ·	-	ol regarding your child and the family	
Signatures of <u>both</u> paren	ts and/or guardians are required:		

 Parent/Guardian Signature
 Date

 Parent/Guardian Signature
 Date



