

PROSPECTIVE FAMILY PROFILE → PLEASE COMPLETE ALL APPLICABLE INFORMATION!!

(1) Child's full name: _____ Age: _____ DOB: _____

Child's nickname, if any: _____

Child's Permanent Address: _____ Phone: _____

City: _____ State _____ Zip _____

Child's Temporary Address (if applicable): _____

City: _____ State _____ Zip _____

If applic. → Name of (preschool, elementary, middle or junior) school attended: _____

Grade (in fall) _____ School Phone # _____ **School-Year is: _____ Year-round _____ Summer off**

Mother's name _____

Father's name _____

*** Parent(s) is/are: () Married () Divorced () Separated () Widowed () Single/Unwed () Other _____

*** Child lives most of the year with (legal custody) ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other

*** (physical custody) Custodial parent/guardian: ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other

*** **Parent/Guardian responsible for payment ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other**

(2) Child's full name: _____ Age: _____ DOB: _____

Child's nickname, if any: _____

Child's Permanent Address: _____ Phone: _____

City: _____ State _____ Zip _____

Child's Temporary Address (if applicable): _____

City: _____ State _____ Zip _____

If applic. → Name of (preschool, elementary, middle or junior) school attended: _____

Grade (in fall) _____ School Phone # _____ **School-Year is: _____ Year-round _____ Summer off**

Mother's name _____

Father's name _____

If same as child #1---→ please 'check' here ----→ _____

*** Parent(s) is/are: () Married () Divorced () Separated () Widowed () Single/Unwed () Other _____

*** Child lives most of the year with (legal custody) ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other

*** (physical custody) Custodial parent/guardian: ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other

*** **Parent/Guardian responsible for payment ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other**

(3) Child's full name: _____ Age: _____ DOB: _____

Child's nickname, if any: _____

Child's Permanent Address: _____ Phone: _____

City: _____ State _____ Zip _____

Child's Temporary Address (if applicable): _____

City: _____ State _____ Zip _____

If applic. → Name of (preschool, elementary, middle or junior) school attended: _____

Grade (in fall) _____ School Phone # _____ **School-Year is: _____ Year-round _____ Summer off**

Mother's name _____ Father's name _____
If same as child #1 & #2---> please 'check' here ----> _____

*** Parent(s) is/are: () Married () Divorced () Separated () Widowed () Single/Unwed () Other _____
*** Child lives most of the year with (legal custody) ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other
*** (physical custody) Custodial parent/guardian: ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other
*** **Parent/Guardian responsible for payment ___ Mom ___ Dad ___ M&D Jointly ___ Legal Guardian ___ Other**

*** **Other Individuals authorized to pick-up child(ren): Please include your Emergency Contact(s).**

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____

*** **Anyone NOT permitted to pick-up child(ren) [with copy of notarized court order**, if applicable]:**

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____

**under Iowa law, a custodial parent cannot be either denied entry into my home OR contact with his/her child.

*** **Physician** to call if child(ren) become ill: _____ Clinic: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____ **AFTER Hours #** _____

*** **Dentist** to call in an emergency situation: _____ Clinic: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____ **AFTER Hours #** _____

*** **Preferred Hospital** (or Emergency Center) to contact: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____

THANK YOU! ☺