

PPCA CRUSADER CARE FAMILY INFORMATION CARD 2025-2026

Complete this form (listing children oldest to youngest) and return it, along with all registration forms & fees, **TO THE CRUSADER CARE DESK.**

1ST CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

2ND CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

3RD CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
Last Preferred 1st Name MM/DD/YYYY

Allergies, Medical Conditions &/or Medicines _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

PLEASE put a STAR NEXT to the PARENT YOU WOULD LIKE US TO CONTACT FIRST!

Mother's Email _____ **Dad's Email** _____

PLEASE TURN OVER & COMPLETE BACK SIDE!!!

Please list additional people authorized to pick up child(ren) and put a STAR NEXT TO THE PERSON YOU WOULD LIKE US TO CONTACT FIRST!

Contact #1 _____ Relationship _____ Phone # _____

Contact #2 _____ Relationship _____ Phone # _____

Contact #3 _____ Relationship _____ Phone # _____

Contact #4 _____ Relationship _____ Phone # _____

Additional Authorized Pick-Up (Names & Phone #'s) _____

Parent/Guardian Home Address _____ **Zip Code** _____

Custody Arrangement: Child(ren) live w/ Both Parents _____, Joint Custody _____, Mom Only _____, Dad only _____, Guardian _____
CUSTODAY ORDER MUST BE ON FILE WITH THE CRUSADER CARE OFFICE

PHYSICIAN: _____ INS. CO: _____ POLICY #: _____

OFFICE USE ONLY

Reg Fee Pd Date _____ Ck # _____ Start Date _____ Date of 2 Weeks' notice given _____
Staff Member Rec'd _____ Cust. Order Rec'd _____ Date of Late Pick Up Warning _____