

SKC USE ONLY: Child No.: \_\_\_\_\_ Shirt Color: \_\_\_\_\_ # of CD's: \_\_\_\_\_ C \_\_\_\_\_ B

PLEASE - PRINT All Information Very Clearly. For a "Basic" CD (for the child to carry) complete Sections A & B only.

**A. CHILD'S INFORMATION:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_ (round to the nearest whole #) Weight: \_\_\_\_\_  
Contacts:  Yes  No Glasses:  Yes  No Braces:  Yes  No

**B. MEDICAL INFORMATION:**

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Chronic Illness: \_\_\_\_\_ Medications: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone #'s: ( ) \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone #'s: ( ) \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Additional Medical Information: \_\_\_\_\_  
\*Emergency Contact\* Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

\*\*\*CONTINUE ONLY IF ORDERING A "COMPLETE" CD\*\*\*

**C. STREET ADDRESS:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt #: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Primary Language spoken if not English: \_\_\_\_\_  
Nicknames: \_\_\_\_\_ Habits: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Hair Style: \_\_\_\_\_  
Ear or body Piercing(s)/Tattoos:  Yes  No If Yes, where: \_\_\_\_\_  
Scars/Birthmarks:  Yes  No If Yes, where: \_\_\_\_\_

**D. GUARDIAN'S INFORMATION:**

Legal Guardians Name: \_\_\_\_\_  
Child Lives With:  Mother and Father  Mother  Father  Other  
Name and Relation if "Other": \_\_\_\_\_

ADDRESS SAME AS CHILD'S

Father's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Auto Make: \_\_\_\_\_ Model/Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address Info Same as Above:  Yes  No  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Auto Make: \_\_\_\_\_ Model/Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**E.  OTHER CUSTODIAL PARENT:  NON CUSTODIAL PARENT:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Auto Make: \_\_\_\_\_ Model/Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Identifying Features Of Non-Custodial Parent:**

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Glasses:  Yes  no  
Body Piercing/Tattoos :  Yes  No If yes, what/where: \_\_\_\_\_

**F. EXTRA INFORMATION:**

There are times when a child will simply go to a friend's house without telling you. Other times they may run away or hide out at their favorite place. Use these spaces to fill in some of you child's favorite places, hangouts, schools, and the names and addresses of his/her close friends or relatives. Put any additional information here that you would like on the card.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_