## Cumulative Record Information East Martin Christian School

Child's Name(Last)		(First)	(Middle)		
Child's Date of Birth	l	Place of B	irth		
Mailing Address			Phone		
City			State Zip		
With whom does child Natural Mother and Natural Father and		other only tural Mother and Stepfath her	Father Only ner Foster Parent		
	Custodial Father	Custodial Mother	*Non-custodial Father	*Non-custodial Mother	
Name (last, first) Address (if different from student) Home phone (if different from student)					
Cell phone					
Email address					
Employer					
Employer phone number					
Occupation					
Education Completed (years)					
Marital Status *If the non-custodial parent	wishes to have the newsletter	emailed and/or report card sent	to them, they must update their	address each year by	
contacting the school office			, <b>,</b>		
If parents are not liv	ring together, does child	d visit with non-custodia	al parent?		
Number of children	in family	How many older	Yo	ounger	
		Child's Health			
Family Physician/ch	nild's doctor				
Immunization record It is the pare	ds given to EMCS? ents' responsibility to er	(yes) sure records are given	to the school upon enr	(no) ollment	

Today's Date \_\_\_\_\_

Please list below any additional information we should know regarding your child's overall health (habits, weaknesses, fears, or allergies)
In case of accident of illness and parents cannot be reached, whom do you wish us to notify?
Name
Address Phone numbers