

Social Security Number _____ * _____ * _____

Date of Birth: _____ Sex: _____

Race: _____ Complexion: _____ Hair Color: _____

Hair Length: _____ Eye Color: _____ Glasses/Contacts: _____

Height: _____ Feet _____ Inches Weight: _____ Build: _____

Home Address/Telephone: _____

Parent/Guardian Names: _____

Parent 1 Place of Employment: _____ Cell Phone: _____

Parent 1 Address: _____ Home Phone: _____

Parent 2 Place of Employment: _____ Cell Phone: _____

Parent 2 Address: _____ Home Phone: _____

Piercings: _____ Tattoos: _____ Hearing Aid: _____ Band: _____

Other Distinguishing Marks (Scars, Birthmarks, Etc.): _____

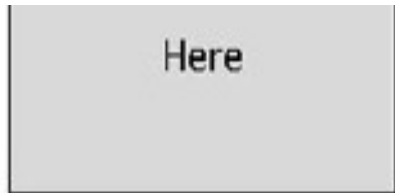
Blood Type: _____ Allergies: _____

Pre-existing Conditions: _____ Medications: _____

Doctor's Name/Phone: _____

Child's Best Friend Name/Address: _____

Child's Best Friend Name/Address: _____



Fingerprint Sample: Make sure you have a black ink stamping pad. Place finger one at a time on the stamp pad, covering the entire fingerprint area. Dab finger on paper towel to eliminate excess ink and place the left side of the finger on the proper spot. Gently roll the finger to the right, without pressing or forcing and lift the finger straight up when done. You may practice on another sheet, if necessary.

Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky