



"A Child's Touch..." Christian School

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www.AChildsTouch.com

*Inspiring young minds
through Creative approaches*



DATA INFORMATION SHEET

New Family _____ Existing Family _____ Referred By: _____
 Today's Date: _____ Birth Date: _____
 Child's Name: _____ City/Zip: _____
 Address: _____

Parent/Guardian (first contact): _____
 Relationship: _____ Address: _____
 Cell # _____ City/Zip: _____
 Cell Phone Carrier _____ Email: _____
 Home # _____ Employer: _____
 Work # _____

Parent/Guardian (second contact): _____
 Relationship: _____ Address: _____
 Cell # _____ City/Zip: _____
 Cell Phone Carrier _____ Email: _____
 Home # _____ Employer: _____
 Work # _____

Emergency Contacts that **MAY** pick up your child (list in the order we should call in the event parents/guardians cannot be reached)

Name: _____ Relationship: _____
 Cell # _____ Home # _____

Name: _____ Relationship: _____
 Cell # _____ Home # _____

Name: _____ Relationship: _____
 Cell # _____ Home # _____

Designate who **MAY NOT** pick up your child (**Court papers must be in child's file**)

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Enrollment Date: _____