

# Family Account Information Form

*(all adults 18 & over are required to have their own account unless they are a spouse.)*

[ ] CHECK BOX AND INDICATE NAME BELOW IF YOU HAVE PREVIOUSLY COMPLETED THIS FORM.  
THANK YOU.



**(Main Contact) Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

Primary Address: \_\_\_\_\_ Secondary Address: \_\_\_\_\_  
 \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone# \_\_\_\_\_ Other Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Additional family members		Email	Medical/Allergy Alert	Birth date	Gender M/F	Grade
Last	First					
Spouse:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						

Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

----- **Office Use Only** -----

Proof of Residency:

Drivers license  Tax bill  Year round Lease  2012 Utility Bill  Received by: \_\_\_\_\_ Date: \_\_\_\_\_