

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH
ISABEL PATTERSON CHILD DEVELOPMENT CENTER

FAMILY INFORMATION

CHILD INFORMATION					
1. Child's Last Name	First Name	Sex:	M	F	Birthdate
2. Child's Last Name	First Name	Sex:	M	F	Birthdate
3. Child's Last Name	First Name	Sex:	M	F	Birthdate
Child resides with (please circle):	Parent #1	Parent #2	Other		
PARENT INFORMATION					
Parent #1 or Legal Guardian Status:	CSULB Student	Faculty	Staff	Alumni	Community
Parent #2 or Legal Guardian Status:	CSULB Student	Faculty	Staff	Alumni	Community
PARENT #1 OR LEGAL GUARDIAN INFORMATION			PARENT #2 OR LEGAL GUARDIAN INFORMATION		
Last Name			Last Name		
First Name			First Name		
Relationship to Child			Relationship to Child		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ()			Home Phone ()		
Cell Phone ()			Cell Phone ()		
Occupation			Occupation		
Employer			Employer		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Work Phone ()		Ext.	Work Phone ()		Ext.
Social Security #			Social Security #		
Driver's License #			Driver's License #		
School Attending (if applicable)			School Attending (if applicable)		
Campus ID#			Campus ID#		
Email Address			Email Address		
PARENT OR LEGAL GUARDIAN SIGNATURE					
Parent or Legal Guardian Signature				Today's Date	