

### Household Information

<b>Your Name</b>			
<b>Home Address</b>			
<b>Preferred Email(s)</b>	<b>Home:</b>	<b>Business:</b>	
<b>Preferred Phone #(s)</b>	<b>Home:</b>	<b>Cell:</b>	<b>Business:</b>
<b>Birth date (MM/DD/YY)</b>			
<b>Current Occupation</b>			
<b>Employer</b>			
<b>If Retired or Homemaker, previous occupation</b>			
<b>Spouse/Significant Other's Name</b>			
<b>Preferred Email</b>	<b>Home:</b>	<b>Business:</b>	
<b>Preferred Phone #(s)</b>	<b>Cell:</b>	<b>Business:</b>	
<b>Birth date (MM/DD/YY)</b>			
<b>Current Occupation</b>			
<b>Employer</b>			
<b>If Retired or Homemaker, previous occupation</b>			
<b>Wedding Anniversary</b>			
<b>Please list all children who attend Good Shepherd</b>	<b>Name</b>	<b>Gender</b>	<b>Birth date (MM/DD/YYYY)</b>
<b>Emergency Contact</b>	List the name and phone number(s) for one or more Emergency Contacts that do not reside with you.		
<b>Does anyone in your household have any restrictions or special needs you want us to know about? Who?</b>	<input type="checkbox"/> Cannot drive Name:		<input type="checkbox"/> Hearing impairment Name:
	<input type="checkbox"/> Limited visibility Name:		<input type="checkbox"/> Limited mobility Name & explain:
	<input type="checkbox"/> Medical condition(s) Name & explain:		<input type="checkbox"/> Diet limitations Name & explain: