



CUB SCOUT PACK 811

FAMILY INFORMATION SHEET

Family Name: _____

Scout Information

Scout: _____	School: _____	Date of Birth: _____
Allergies: _____	Limitations or special needs: _____	
Date Joined: _____	Date Left: _____	<input type="checkbox"/> Transitioned <input type="checkbox"/> Transferred <input type="checkbox"/> Resigned
Scout: _____	School: _____	Date of Birth: _____
Allergies: _____	Limitations or special needs: _____	
Date Joined: _____	Date Left: _____	<input type="checkbox"/> Transitioned <input type="checkbox"/> Transferred <input type="checkbox"/> Resigned
Scout: _____	School: _____	Date of Birth: _____
Allergies: _____	Limitations or special needs: _____	
Date Joined: _____	Date Left: _____	<input type="checkbox"/> Transitioned <input type="checkbox"/> Transferred <input type="checkbox"/> Resigned

Parent Information

Father: _____	Mother: _____
Address: _____	Address: _____
Home Phone: _____ <input type="checkbox"/> Preferred	Home Phone: _____ <input type="checkbox"/> Preferred
Mobile Phone: _____ <input type="checkbox"/>	Mobile Phone: _____ <input type="checkbox"/>
Work Phone: _____ <input type="checkbox"/>	Work Phone: _____ <input type="checkbox"/>
Home e-mail: _____	Home e-mail: _____
Work e-mail: _____	Work e-mail: _____
Occupation: _____	Occupation: _____
Previous Scouting Experience: _____	Previous Scouting Experience: _____

Emergency Contacts

(When parents cannot be reached)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parents' Special Skills / Interests / Notes