



Angel C.A.R.E.
Our Lady of Grace
666 Albin Ave.
W. Babylon, NY 11704
631-587-5185

ANGEL CARE REGISTRATION FORM

CHILD'S NAME: _____ **SCHOOL:** _____

ADDRESS: _____ **TOWN:** _____

HOME PHONE _____ **DATE OF BIRTH:** _____

MOTHER'S NAME: _____

MARITAL STATUS* _____

PLACE OF EMPLOYMENT: _____

WORK PHONE # _____

FATHER'S NAME : _____

MARITAL STATUS* _____

PLACE OF EMPLOYMENT:

WORK PHONE # _____

EMERGENCY CONTACT: _____

RELATION _____

ADDRESS: _____

PHONE: _____

*Does the parent not living with the child have legal access to the child? _____