

**GILLHAM RECREATION CENTER  
HOUSEHOLD INFORMATION FORM**

	STREET ADDRESS	CITY	ZIP CODE
<b>HOUSEHOLD ADDRESS</b>			

	FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH	2020-2021 GRADE
<b>ADULT #1</b>					X
<b>ADULT #2</b>					X
<b>CHILD #1</b>					
<b>CHILD #2</b>					
<b>CHILD #3</b>					
<b>CHILD #4</b>					
<b>CHILD #5</b>					

HOUSEHOLD CONTACT INFORMATION	
<b>PRIMARY PHONE #:</b>	
<b>SECONDARY PHONE #:</b>	
<b>OTHER PHONE #:</b>	
<b>PRIMARY EMAIL:</b>	
<b>SECONDARY EMAIL:</b>	

EMERGENCY CONTACT INFORMATION	
<b>NAME:</b>	
<b>RELATIONSHIP TO HOUSEHOLD:</b>	
<b>PRIMARY PHONE #:</b>	
<b>SECONDARY PHONE #:</b>	