Appendix K: Guardian Registration Form

To collect essential information from guardians to support family reunification efforts during a response.

Parent or Legal Guardian Information	
Primary Parent/Guardian Name:	
Primary Contact Number:	**Type:** ☐ Mobile ☐ Home ☐ Work
Secondary Parent/Guardian Name:	
Secondary Contact Number:	**Type:** ☐ Mobile ☐ Home ☐ Work
Child Information	
Child's Name (Last, First, Middle):	**DOB**: ☐ Unknown
Primary Address:	**Age:** Mo / Yrs. (circle one)
Primary Language: ☐ English ☐ Spanish ☐ Other _____ ☐ Non-verbal	
Gender ☐ Female ☐ Male ☐ Other	
Eye Color ☐ Brown ☐ Blue ☐ Green ☐ Gray ☐ Multiple ☐ Other _____	
Hair Color ☐ Brown ☐ Blonde ☐ Black ☐ Red ☐ Other _____	

Identifying Features:	**Items worn by or with child:**
☐ Scars ☐ Moles ☐ Birthmarks ☐ Tattoos ☐ Braces ☐ Missing Teeth ☐ Glasses ☐ Other:	☐ Pants/Shorts ☐ Shirt ☐ Dress/Skirt ☐ Shoes/Socks ☐ Coat/Jacket ☐ Jewelry ☐ Medical Devices ☐ Other:
Identifying Features Description:	**Items Worn by or with Child Description:**

Siblings: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Unknown	**Sibling's Name(s):**
School Grade: ☐ N/A ☐ Pre-K ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Unknown	
School Name:	**Teacher's Name**:
Pet(s): ☐ None ☐ Dog ☐ Cat ☐ Other _____ ☐ Unknown	**Pet Names:**

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Review Status		
Status:		
☐ Parent/Guardian Submission	Staff Reviewer: _____	Time: _____
☐ In Review	Staff Reviewer: _____	Time: _____
☐ Complete	Staff Reviewer: _____	Time: _____
Additional Details:		