

CHILD INFORMATION SHEET

Child's Name _____ Birthday _____ Date Enrolled _____

Father _____ Mother _____

Other Sibling(s) Enrolled _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Father Work _____ Mother Work _____

Father Cell Phone _____ Mother Cell Phone _____

Paternal Grandparents Name _____

Maternal Grandparents Name _____

Usual pick up time will be _____

Persons NOT allowed to pick up my child _____

What person other than you may approve your child being picked up? _____

Who else do you approve to pick up your child? _____

MEDICAL INFORMATION:

Physician _____

Address _____

City _____ Phone _____

Hospital preference _____

Health Problems: (Allergies or Allergic Reactions to medicine) _____

Dietary needs: (Foods my child likes) _____

Foods to avoid _____

