

CHILD INFORMATION SHEET

CHILD'S NAME _____ BIRTH DATE _____ START DATE _____

LAST FIRST MI

PARENT OR GUARDIANS (note: unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child.)

MOTHER _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIPCODE _____

CELL PH. _____ WORK PH. _____ HOME PH. _____

FATHER _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIPCODE _____

CELL PH. _____ WORK PH. _____ HOME PH. _____

RESIDENCE: child lives with: () both parents () mother only () father only () shared or split custody () other: _____

Legal custody: () both parents () mother () father () guardian _____

EMERGENCY: The following may be called in an emergency, when parent(s) or guardian can't be reached, and have permission to remove my child from the center if necessary.

NAME _____ CELL PH. _____ HOME PH. _____ WORK PH. _____

NAME _____ CELL PH. _____ HOME PH. _____ WORK PH. _____

NAME _____ CELL PH. _____ HOME PH. _____ WORK PH. _____

PHYSICIAN: name _____ location _____ phone _____

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used if I cannot be reached immediately.

Signature of Parent or Guardian: _____ Date _____