

## **Child Information Form**



Child's Name:	Primary Language:							
Child's Address:				C:t.	Town			
Place of Birth:				——————————————————————————————————————	Date o	of Birth:	//	
Child's ScheduleN	lonTues	Wed	Thurs	Fri	Approx. Drop Off Time	_ Approx	Pick Up Time:	
Parent/Guardian In	formation							
Name:				Na	me:			
Relationship:				Relationship:				
Full Address:				Ful	l Address:			
Home E-mail Address:				 Ho	me E-mail Address:			
Cell Phone:				Cell Phone:				
Home Phone:				Home Phone:				
Parent/Guardian Bu								
Company Name:				Co	mpany Name:			
Full Address:				Ful	l Address:			
Business Phone:				 Bu:	siness Phone:	_		
E-mail Address:				E-r	nail Address:			
Work Days/Hrs:				Wo	Work Days/Hrs:			
Medical Information	1							
Eye Color:							Gender □M □F	
Health Insurance Prov	ider:							
<b>Physician Informati</b> Name of Physician/Cli					ble <b>)</b> Phone:			
Physician Address: S	treet				ity/Town		Zip Code	
Date of Child's Last Ph	ysical:							
Parent/Guardian Sign	ature:				Date:			
FOR CENTER USE:								
Date of Admission:		Age of Adm	ission:		Date Reg Fee Rec'd:			
Discharge Date:								