

**CHILD INFORMATION SHEET**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Other Siblings Enrolled: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Home 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 **ALLOWED** to pick up my child \_\_\_\_\_

Persons **NOT** allowed to pick up my child \_\_\_\_\_

What person other than yourself, may approve your child being picked up by someone else in an emergency?

\_\_\_\_\_

**MEDICAL INFORMATION:**

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital preference \_\_\_\_\_

Health Problems: (**List Allergies or Allergic Reactions to medicine**)

\_\_\_\_\_

\_\_\_\_\_

Foods to Avoid:

\_\_\_\_\_