

Child Information Form

Enrollment Date:
Withdrawal Date:

Child's Name: _____ Birth Date: _____

Address: _____

Please indicate if phone #'s are home- H. cell- C. work- W

Mother/Guardian: _____ Primary Phone: _____ H C W

Secondary Phone: _____ H C W Other Phone: _____ H C W

Address (if different from child): _____

_____ Lives With Child? Yes No Shared Custody

Father/Guardian: _____ Primary Phone: _____ H C W

Secondary Phone: _____ H C W Other Phone: _____ H C W

Address (if different from child): _____

_____ Lives With Child? Yes No Shared Custody

Other people living in home with child: (Indicate relationship next to name- i.e. sister)

Child will generally be picked up and dropped of by : _____

Other people authorized for transportation: _____

Please list any persons who are **UNAUTHORIZED** to pick up child: _____

Allergies: _____

Other Health Concerns: _____

Changes/Events/Issues (i.e. death in family, new baby, etc.) _____

Prior Group Experiences: _____

Please use back to explain any other information you feel is important for us to know about your child. ☺