

## About the Child

The following general information about your child will help your child's caregiver provide a safe and comfortable experience for your child. Make sure you update this form if the information changes.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(circle one if appropriate)  
Address and Phone No. of Father/Mother if different than above \_\_\_\_\_

(circle one) Child will be dropped off at day care home at \_\_\_\_\_ am/pm and picked up by \_\_\_\_\_ am/pm (circle one)

School child attends \_\_\_\_\_

Teacher's name \_\_\_\_\_ Grade/Rm. No. \_\_\_\_\_

Phone No. of school \_\_\_\_\_ School Bus No. \_\_\_\_\_

### Parent/Guardian Information:

1) Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer or School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Days and hours of employment \_\_\_\_\_

2) Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer or School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Days and hours of employment \_\_\_\_\_

Where else parents or guardians may be reached \_\_\_\_\_

### Emergency Phone Numbers:

In case of an emergency (i.e., child becomes ill, needs transportation home) and the parent cannot be reached, please list two other people who may be called for assistance. Select people who live in the area and have transportation. Make sure you discuss these responsibilities with them.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Persons authorized to pick up the child (other than parents):

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

*Family Information:*

Names and ages of any siblings \_\_\_\_\_

\_\_\_\_\_

Other family/household information \_\_\_\_\_

\_\_\_\_\_

Family pets \_\_\_\_\_

*Medical Information:*

Insurance company \_\_\_\_\_

ID/Group # \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Child's Orthodontist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please list any allergies or chronic illnesses your child may have and include the symptoms and any special care needed:

\_\_\_\_\_

\_\_\_\_\_

*Miscellaneous Information:*

Please list foods that your child particularly likes or dislikes \_\_\_\_\_

\_\_\_\_\_

Please give any special information about your child that might be helpful, such as information about nap arrangements, special fears, special words for urination or bowel movements, favorite activities, etc.:

\_\_\_\_\_

\_\_\_\_\_