



"Caring is at the heart of what we do!"

CHILD'S INFORMATION FORM

Today's Date: \_\_\_\_\_ Beginning Enrollment Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
(Last) (First) (Middle)

Child's Sex: M \_\_\_ F \_\_\_ Child's Birth Date: \_\_\_/\_\_\_/\_\_\_

Pediatrician: \_\_\_\_\_ Pediatrician's Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Child's Insurance #: \_\_\_\_\_

Parent/Guardian 1

Parent/Guardian 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Sibling(s): Please list siblings and put a check next to any other child also enrolled in the Center.

Table with 4 columns: Name, Birth date, Name, Birth date

Authorized Contacts:

Please list the adults whom you authorize to escort your child from the Center. The first name listed will be contacted if you cannot be reached in an emergency situation:

Emergency authorized contact / escort:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work/Cell phone: ( ) \_\_\_\_\_

Other approved contacts / escorts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work/Cell phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work/Cell phone: ( ) \_\_\_\_\_

Parent/Guardian Signature

Date