

Policy Provided _____
Date: _____
CHILD INFORMATION FORM

PLEASE PRINT - PLEASE COMPLETE ONE FORM FOR EACH CHILD

Child's Name _____ (Circle one)

Male or Female

Name of person who brought child today & relationship

Date of Birth (month, day & year)

Grade Level 2019-20 School Year

Parent's
Names

Street

Address _____ City/State _____ Zip _____

Mailing Address (if different)

Phone Numbers (Home) _____ (Cell) _____

Email Address

Only these 2 additional adults may pick up my child (optional):

1. _____ 2. _____

Custodial concerns? (Circle one) YES NO See Policy

Photo consent? (Activity photos will be taken on occasion) (Circle one) YES NO

Allergies? (Circle one) YES NO If Yes please describe

Food Restrictions? (Circle one) YES NO If Yes please describe

Please provide any other information we need to know to care for your child properly:

This section for nursery age only. Complete as needed:

Child is in _____diapers _____pull-ups _____underpants

Is child _____potty trained or _____in the process of being potty trained?

Child may need a nap by _____(time)

Prefers to sleep on _____back _____side _____stomach

Child may need to eat by _____(time) _____bottle _____nursing

If on a bottle, how often does baby need to be burped? After _____oz

Any other special instructions for feeding

Favorite

activities: _____

(ex: swing, bouncy seat, crawling, etc)

5.19.2019