

**Small World Learning Center  
CHILD INFORMATION SHEET**

Child's Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Age at Enrollment \_\_\_\_\_  
Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

**Contact Information**

**Primary Contact:**

Parent  Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_

**Secondary Contact:**

Parent  Guardian  Other \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_

**Others to be contacted within the Immediate area if Contacts above  
cannot be reached in case of emergency**

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

**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_  
Any Known Allergies \_\_\_\_\_

**Names of Persons Authorized to Pick Up Child**

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

I hereby authorize the staff and Director representing Small World Learning Center to give consent for any and all necessary emergency medical and First Aid care and transportation for my child (listed above) while said child is in said individual custody.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_