

Admin Date: _____

Acct: _____
§1515.A.1,2,3

Child's Information Form

Child's Name: _____ Sex: _____ Birthdate: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone# (and provider)		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone: _____

Child's Dentist: _____ Dentist's Phone: _____

Individuals to contact in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

Please explain any "Yes" answer here:

I authorize the facility to secure emergency medical treatment for my child. Yes _____

(Please continue other side)

Acct: _____

Authorized Pick-ups:

My child has permission to be released to the following individuals, childcare facilities, or transportation services in addition to emergency contact persons listed above:

Please notify these individuals that they will be asked to show proof of identity and register for Procare Check-in Kiosk on their first visit to the center. They will be given their own KES door code at time of registration. (DO NOT SHARE YOUR DOOR CODE.)

You may add or remove individuals to this list, in writing, at any time.

Name (First and Last)	Relationship

Parent's Signature: _____

Date: _____