

**BETHLEHEM CHILD DEVELOPMENT CENTER**  
A MINISTRY OF BETHLEHEM BAPTIST CHURCH  
416 BETHLEHEM ROAD  
MIDLAND CITY, AL 36350  
334-673-4980

**Information Sheet**

Please take a few minutes to answer the following questions which will help us become acquainted with your child and his/her needs.

Child's Name: \_\_\_\_\_  
Child goes by: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Is your child Right or Left Handed?      RIGHT      LEFT

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

School Last Attended: \_\_\_\_\_  
Church now attending: \_\_\_\_\_  
Does your child attend Sunday School?      YES      NO  
Please list names and ages of siblings: \_\_\_\_\_

**Medical Information**

Please CHECK all that apply:

\*\*Parents MUST notify us of any allergies or drug interactions that our staff needs to be aware of\*\*

_____ Asthma	_____ Allergies
_____ Reaction to Insect Bites	_____ Nose Bleeds
_____ Digestive Problems	_____ Urinary Problems
_____ ADD/ADHD	_____ Seizures

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Please list and describe any pertinent information regarding steroids or antibiotics or any other medicines your child may be taking. (Note: Some medications may cause enhanced reactions in the sunshine or in any environment that your child might be in during our care.)

\_\_\_\_\_

Emergency Authorization: I give permission for the Bethlehem Child Development Center to obtain medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (Note: In the event of an emergency, the Center will call 9-1-1)

\_\_\_\_\_ Date

Parent/Guardian Signature