

Child Information – Master Reference Sheet

Child's Name: _____

Date of Birth: _____

Full Address: _____

Home Phone: _____

Mother's Name: _____

Mother's cell: _____

Mother's work: _____

Mother's e-mail: _____

Father's Name: _____

Father's cell: _____

Father's work: _____

Father's e-mail: _____

Allergies or Special Needs: _____

----- (to be filled out by the school) -----

Date of Admission: _____

Immunizations:

(current) _____

Date of Withdrawal: _____

(due next) _____

Health Statement: (due by) _____ (completed) _____

Vision and Hearing Screen: (due by) _____ (completed) _____