



## Child Information Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Please indicate if phone #'s are - home - H, cell - C, work - W

Mother/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ H C W  
Secondary Phone: \_\_\_\_\_ H C W Other Phone: \_\_\_\_\_ H C W

Father/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ H C W  
Secondary Phone: \_\_\_\_\_ H C W Other Phone: \_\_\_\_\_ H C W

Other people living in the home with child: (Indicate relationship next to name-i.e. sister)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child will be dropped off and picked up by: \_\_\_\_\_  
Other people authorized for transportation: \_\_\_\_\_

\_\_\_\_\_

Please list any persons who are UNAUTHORIZED to pick up child: \_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

\_\_\_\_\_