

Child Information Sheet

Personal Information

Child's Name: _____

Name you use to address child: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

With whom does the child live: (parents, guardians, other adults)

Name _____ Relationship _____

Name _____ Relationship _____

List of Siblings:

Name _____ Age _____ Do they live with child? Y/N

Name _____ Age _____ Do they live with child? Y/N

Name _____ Age _____ Do they live with child? Y/N

Name _____ Age _____ Do they live with child? Y/N

Name _____ Age _____ Do they live with child? Y/N

Medical Information:

List any allergies _____

List any medical information that your child's teacher should know: _____

Security Information:

Is there anyone who should not pick up this child: _____

Who has permission to pick up your child if you are unavailable: _____

Special Instructions or Information: