

TELL US ABOUT YOUR CHILD

First Name Middle Last Name Nickname

Date of Birth Gender Language spoken at home

☐ Female ☐ Male

CHILD SCHEDULE

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

TELL US ABOUT YOU

Parent/ Guardian Home address

Relationship to Child Primary phone Secondary phone Email address

Employer Name and Address Employer Phone

Parent/ Guardian Home address

Relationship to Child Primary phone Secondary phone Email address

Employer Name and Address Employer Phone

CHILD CARE INFORMATION

Height Weight Eye Color Hair Color Race

MEDICAL CARE PROVIDERS

Name of Physician Practice / Clinic Name

Physician Address Phone

Preferred Hospital Date of Last Physical Exam

Name of Dentist

Dentist Address Phone