

CHILD DATA FORM:

Child's Name: _____ Gender: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from above): _____

_____ Child's Primary Language: _____

Child's Physician: _____ (name) _____ (phone #) _____

Allergies: _____

Religious Observances/Restrictions: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child? YES NO

Address (if different from above): _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Primary Language: _____

Email Address: _____

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child? YES NO

Address (if different from above): _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Primary Language: _____

Email Address: _____