

## Child Information Card

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

PARENTS OR GUARDIANS [Note: Unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up the child.)

FATHER \_\_\_\_\_ Hours worked \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Work Address \_\_\_\_\_ Cell Ph \_\_\_\_\_

MOTHER \_\_\_\_\_ Hours worked \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Work Address \_\_\_\_\_ Cell Ph \_\_\_\_\_

RESIDENCE: Child lives with:  Mother only  Father only  Both Parents  Shared or Split Custody

LEGAL CUSTODY:  Both Parents  Mother only  Father only  Guardian \_\_\_\_\_

EMERGENCY: The following may be called in an emergency, when parent(s) or guardian can't be reached, and have permission to remove my child from the center if necessary.

NAME \_\_\_\_\_ Hm Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

NAME \_\_\_\_\_ Hm Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Additional person(s) authorized to call for my child: \_\_\_\_\_

PHYSICIAN: Name and Address: \_\_\_\_\_

Other significant medical information: \_\_\_\_\_

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be only if I cannot be reached immediately. \_\_\_\_\_

Parent Signature \_\_\_\_\_



