

Child Information Form

Name _____
Last First Nickname Gender DOB

Address _____

Home Phone Number _____

Mother's Name _____

Address _____

Employer _____

Phone Number _____ (W) _____ (C)

Father's Name _____

Address _____

Employer _____

Phone Number _____ (W) _____ (C)

Alternate Emergency Contact persons:

Name _____

Address _____

Phone Number _____ (W) _____ (C)

Name _____

Address _____

Phone Number _____ (W) _____ (C)

Name of persons authorized to pick up:

- 1.
- 2.
- 3.

Name of persons not authorized for pick up: _____

Allergies and Food Intolerance:

Please list any chronic physical problems and any special accommodations required
