



Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child Home Address: _____

Home Phone :() _____ Cell Phone:() _____

Primary Language : _____

Identifying Marks : _____

Eye Color : _____ Hair Color : _____ Skin Color : _____

Sex : _____ Heigh : _____ Weight : _____

Parents/Guardian Information

Parents/Guardian Name: _____ Parents/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Reachable Phone number:() _____ Reachable Phone number:() _____

Email Address: _____ Email Address: _____

Business Name: _____ Business Name: _____

Business Address: _____

Business Address: _____

Business Phone Number:()_____

Hour at Work: _____

Business Phone Number:()_____

Hour at Work: _____

Parents/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone number:()_____

Email Address: _____

Business Name: _____

Business Phone Number:()_____

Parents/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone number:()_____

Email Address:_____

Business Name:_____

Business Phone Number:()_____

Parents/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone number:()_____

Email Address: _____

Parents/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone number:()_____

Email Address:_____

Additional Information

Child's Physician : _____

Address : _____

Phone Number :() _____

Allergies/Special Diets? : _____

Individual Health Plan for child with a chronic health condition? If yes, please attach.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach.

Special Limitations Concerns?

Parent/Guardian Signature

Date