

# INFORMATION RECORD

Please fill out this form completely—complete addresses for work are a must

Date of Enrollment \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name Child Goes By \_\_\_\_\_

Current Age \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

Family Email Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Number \_\_\_\_\_

Work Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Special Instructions on how to be reached during child care hours \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Number \_\_\_\_\_

Work Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Special Instructions on how to be reached during child care hours \_\_\_\_\_

**Step-Parent** \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Number \_\_\_\_\_

Work Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other family members** who live in the child's home \_\_\_\_\_

## Other Persons in Case of Emergency

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

## Persons designated to pick up child (I.D. will be required the first time picking up the child)

\_\_\_\_\_

\_\_\_\_\_

## Persons NOT allowed to pick up child (please make a copy of custody, court or related paperwork)

\_\_\_\_\_ Reason \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_ Reason \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Any Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Complete Address, Telephone \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Complete Address, Telephone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Complete Address, Telephone \_\_\_\_\_

Insurance Information \_\_\_\_\_

Please give any information concerning your child that may be helpful

Reason looking for new child care \_\_\_\_\_

Previous child care provider \_\_\_\_\_

Past child care experience \_\_\_\_\_

Child's personality (shy, outgoing, quiet, energetic) \_\_\_\_\_

Child's siblings & ages \_\_\_\_\_

Play habits \_\_\_\_\_

How does your child play w/ others \_\_\_\_\_

Discipline used at home \_\_\_\_\_

Reaction to discipline \_\_\_\_\_

Eating behavior \_\_\_\_\_

Special diet \_\_\_\_\_

Sleeping pattern \_\_\_\_\_

Bathroom habits \_\_\_\_\_

How often/what do you call it \_\_\_\_\_

Fears \_\_\_\_\_

Likes \_\_\_\_\_

Additional information \_\_\_\_\_

Please fill out when the child will be dropped off and picked up during the week

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**The above information is complete and accurate. I will let Miss Carrie know when any of this information changes.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date