

CHILD INFORMATION SHEET

Child's Full Name: _____

Birthdate: _____

Address: _____

Phone Number: _____

Mother's Name: _____ Employer: _____

Phone Number: _____ Cell Phone: _____

Father's Name: _____ Employer: _____

Phone Number: _____ Cell Phone: _____

Emergency Contact Information:

Please list 2 people that can be contacted in the case of an emergency, when neither parent can be reached.

Name: _____ Relation to Child: _____

Phone Number(s): _____

Name: _____ Relation to Child: _____

Phone Number(s): _____

Health Information:

Child's general health: _____

Does your child suffer from allergies: Yes No

If yes, please list: _____

Special Instructions in case of an allergic reaction: _____

Please circle communicable diseases your child has had:

Chicken Pox Measles German Measles Mumps Whooping Cough

Please circle ailments your child is prone to:

Stomach Upsets Colds Ear Infections Sore Throats Headaches

Habits and Routines:

Please circle dining habits of your child:

Uses utensils Sipper Cup Regular Cup Highchair Table Bottle

Are there any foods your child strongly dislikes: _____

Please describe your child's resting/napping habits: _____

Please describe your child's toileting routines (ie. trained, process of training, etc): _____

Custody:

Who does the child live with: Both Parents Mother Father Other (please list)

Please describe any special custody issues or concerns:

Other:

Please feel free to use the remainder of the page to describe any other information you feel is important for me to be aware of as your child's primary caregiver:

PLEASE DO NOT FILL IN THIS SECTION

Date of admission to care: _____

Date of termination of care: _____

Child's progress: _____
