Child's Information

Child's name	
Date of birth	
Address	
Gender	
Hours & Days of Expected Attendance	
Allergies	
Medications	
Medical conditions	
Physicians name	
Physicians phone number	
Emergency contact name	
Emergency contact phone number	



Parent/Guardian Information

Parent/ guardian name	
Phone number	
Email address	
Parent/ guardian name	
Phone number	
Email address	

Signature of Parent/Guardian:

Date:

Signature of Child Care Provider:

Date:

