

THE KIDS PLACE
INFORMATION SHEET

Child's name: _____ Date of Birth: _____

2nd child's name: _____ Date of Birth: _____

Name child prefers to be called: _____

Enrollment date: _____

Mother's name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Mother's Place of Employment _____

Father's name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Father's place of employment: _____

*Please describe on the back of this form any special instructions we need in order to reach you during the hours your child is in our care.

Marital Status: Married Separated Divorced Widowed

Child's legal Guardian(s): Both Parents Mother Father other

Name and telephone number of others persons who can assume the responsibility of your child in an emergency if you (parents) can not be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List the names of persons generally authorized to pick up your child from day care.

Please write out a statement below giving the director, or person in charge at the time of and accident involving your child, permission to secure medical attention from your child's physician, or other qualified doctor, or hospital.

FATHER

MOTHER