

GENERAL INFORMATION

Parent's/Guardian's Name: _____

Child's Full Name: _____

Child's Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Home Phone Number: _____

Emergency Beeper Number: _____ Person: _____

Father's Place of Business: _____ Phone: _____

Mother's Place of Business: _____ Phone: _____

Guardian's Place of Business: _____ Phone: _____

Child's Pediatrician: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

Name of Medical Insurance: _____

Insurance Policy Number: _____

Insurance in Who's Name?: _____

Allergies to Food: _____

Allergies to Medication: _____

Name the people who will be authorized to pick your child up from daycare when you are not able to:

1. _____ Address: _____
Phone Number: _____ Relation: _____

2. _____ Address: _____
Phone Number: _____ Relation: _____

3. _____ Address: _____
Phone Number: _____ Relation: _____