

# Child Information



## Child's Info

FULL NAME

PREFERRED NAME

BIRTH DATE

HOME PHONE

STREET

CITY

ZIP

ALLERGIES

DAILY MEDICATION

FAVORITE SNACK

GENDER: ☐ MALE ☐ FEMALE

ARRIVING TO SCHOOL BY: ☐ CAR ☐ BUS ☐ WALKING

## Parent & Guardian

PARENT/GUARDIAN NAME

WORK ADDRESS

WORK PHONE

CELL PHONE

HOME ADDRESS (if different from child's)

PARENT/GUARDIAN NAME

WORK ADDRESS

WORK PHONE

CELL PHONE

HOME ADDRESS (if different from child's)

CHILD LIVES WITH: ☐ BOTH PARENTS ☐ ONLY: \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_  
IF OTHER: \_\_\_\_\_  
GUARDIAN NAME CELL PHONE

## Emergency Contact

(if parents can not be reached)

CONTACT NAME

WORK ADDRESS

WORK PHONE

CELL PHONE

HOME ADDRESS

## Physician Contact

PHYSICIAN NAME

ADDRESS

PHONE

