

# Child Information Sheet

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ The best way to reach me is: \_\_\_\_\_

\_\_\_\_\_

Parent(s): \_\_\_\_\_ Work Phone #: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: \_\_\_\_\_

Who can pick up my child: \_\_\_\_\_

In case of emergency, call:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Info:

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Clinic \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Clinic \_\_\_\_\_

Allergies, medications, medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Routine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's favorite foods: \_\_\_\_\_

\_\_\_\_\_

Child's favorite activities: \_\_\_\_\_

\_\_\_\_\_

What you should know about my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_