

Child Information Sheet

Name

Address

City State Zip

Gender

Date of Birth

Enrollment Date

Parent/Guardian

Name

Address () Same as Child

City State Zip

Home Phone Cell Phone

Employer Occupation

Address

City State Zip

Work Phone

Parent/Guardian

Name

Address () Same as Child

City State Zip

Home Phone Cell Phone

Employer Occupation

Address

City State Zip

Work Phone

Emergency Contact

Name

Address

City State Zip

Home Phone Cell Phone

Authorized to Pick Up Child

Name Phone

Name Phone

Name Phone

Name Phone

Parent Signature: _____

Date: _____