

CHILD INTAKE INFORMATION

Child's Name		Birth Date
Child's Address		Phone
Name Child is Called		
Parent or Guardian		Parent or Guardian
Name	Name	
Home Address	Home Address	
Work Address	Work Address	
Work Phone	Work Phone	

Does your child have any special needs that I need to be aware of? _____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship
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(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship
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Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____