



## Child Information Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone Mother \_\_\_\_\_

Cell Phone Father \_\_\_\_\_

In case of emergency and we are unable to reach you please contact:

1. \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Any other information we may need to know in order to better care for your child:

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