Application/Record of Child Information

Child's Name _____

Birthdate _____ / _____ / _____ Male ____ Female _____
Month Day Year

Child's Address _____

Parents or Other Persons Placing the Child:

Name _____ Name _____

Relation to child _____ Relation to child _____

Address _____ Address _____

_____ _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

_____ _____

Work phone _____ Work phone _____

Emergency contact (IF PARENTS CANNOT BE REACHED):

Name _____ Relation to child _____

Phone Number _____

Health Issues and/or Allergies (use back of page if needed):

_____

Epi pen or other medicines needed for an allergic reaction _____

_____