



CHILD CARE CENTER - CHILD INFORMATION FORM

PERSONAL INFORMATION

Child's Name:	Birth Date:	Age:	Sex:
Nick Name:	Phone:		
Address:	City/State:	Zip:	
Father's Name:	Employer:		
Address:	Business Phone:		
Home Phone:	UW-P I.D.#:		
Mother's Name:	Employer:		
Address:	Business Phone:		
Home Phone:	UW-P I.D.#:		

Names & phone numbers of other authorized persons to call for my child:

Emergency person to be notified to escort my child:		Relationship to my child:
Address:	Home Phone:	Business:
Physician:	Address:	Phone:
Dentist:	Address:	Phone:

*****MEDICAL CONSENT - Parent or Gaurdian Signature*****
I give my permission for emergency medical treatment and transport by rescue squad, to be used only if I can't be immediately reached:

FAMILY HISTORY

Please describe briefly anything in your family history that we should be aware of, such as divorce, separation or death in the family, adoption, major illness, recent change in home address, etc:

Family living at home - Sibling's names and ages:

Other relatives/adults:

Has your child had group experience before? Explain:

Any special fears?

How does your child react when upset and what comforts him/her best?

MEDICAL HISTORY

Please describe briefly anything in the child's medical history that we need to be aware of, such as allergies, major illnesses, hospitalization, handicaps, etc: