



Child Information Card

Child's Name _____ Date of Birth: _____
Last First MI

Address: _____
Street City State Zip

Mother's Information

Name: _____

Address _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Father's Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Emergency Contacts (Other than parents):

First and Last Name

Phone

First and Last Name

Phone

I give the following people authorization to pick up my child:

First and Last Name

Phone

First and Last Name

Phone

People that are NOT authorized to pick up my child are: _____

Allergies or other important medical Information: (please include any limitations, medications, or special instructions)