

Child's Name:			D.O.B.:		
Parents are (M	larried / Sepai	rated / Divorce (Please circ	ed / Widowed / Sing le one)	le / Deceased)	
Child Lives with		nts / Father / N Please circle one)	Nother / Other)		
Person respons	sible for paying	g for childcare	:		
Mother or Gua	rdian #1 Info	rmation			
Name:			Phone:		
Address:	(Street)	(City)	(State)	(Zip)	
Employer:			Work Phone:		
Cell / Other Pho	one:				
Father's or Gu	ardian #2 Inf	ormation			
Name:			Phone:		
Address:					
			(State)	(Zip)	
Employer:			Work Phone:		
Cell / Other Pho	one:				
Emergency Co	ontact #1				
Relationship:					
Name:			Phone:		

Address:						
Address:	(City)	(State)	(Zip)			
Employer:		Work Phone:				
Cell / Other Phone:						
Emergency Contact #2						
Relationship:						
Name:		Phone:				
Address:	(City)	(State)	(Zip)			
Employer:		Work Phone:				
Cell / Other Phone:						
Medical Info						
Doctor's Name:	Phone:					
Preferred Hospital:	Phone:					
ls your child up to date on sho	ots? (Yes / No) (Please circle on		ckup:			
Signatura (a)						
Signature(s)						
	To	Today's Date:				
Parent / Guardian Signature	Printed Name	Relationship	Date			
Parent / Guardian Signature	Printed Name	Relationship	Date			