stepping stones

An Early Childhood Learning Center

CHILD INFORMATION FORM

Child's Name (last):_____ (first): _____Date of Birth___/___/___ Male □ Female □

Home Address _____ City _____ State_____ Zip Code_____

Child lives with:_____ Number of Siblings:_____ Names/ Ages:_____

Legal Guardians are □ Unmarried □ Married □ Separated □ Divorced □ Other _____

Parent/Guardian 1 □Mother □Father □Other	**Parent/Guardian 2 □Mother □Father □Other**
First & Last Name	First & Last Name
Address *(if different)*	Address *(if different)*
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Mobile Phone #	Mobile Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

ADDITIONAL INFORMATION	**Primary Emergency Contact (Other than Parent/Guardian):**
Child Physician Name/Contact Name:	First & Last Name:
Address:	Relationship to child:
Phone #:	Contact Phone #
Medical Concerns:	First & Last Name:
Allergies (Explain):	Relationship to child:
Life Threatening Allergies (Explain):	Contact Phone #
Epi-Pen □Yes □ No (Must provide an Epi-Pen Form)	First & Last Name:
Receiving Special Services: □Yes □ No Explain:	Relationship to child:
□Speech/Language □Occupational □Physical Therapy □SEIT □Special Instruction For how many months?_____	Contact Phone #:

Parent/Guardian Name (Printed):_____Date:_____

Signature:_____ Relation to child:_____