

CHILD PROFILE



Date Enrolled: _____

Child's Name: _____
(Last Name) (First Name) (Middle Initial)

Child's Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth: _____ Sex: M F Child's Social Security # _____

Parent/ Guardian Name: _____
(Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail Address: _____ Employer _____

Employer Address _____

City _____ State _____ Zip _____ Phone _____ ext. _____

Drivers License#: _____ Work Hours: _____ Social Security # _____

Parent/ Guardian Name: _____
(Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail Address: _____ Employer _____

Employer Address _____

City _____ State _____ Zip _____ Phone _____ ext. _____

Drivers License#: _____ Work Hours: _____ Social Security # _____

Child's Physician Name and Number _____

Any Allergies or Special Needs: _____

Emergency Contact other than Parent: _____

Potty Trained? Yes No What does your Child say when s/he wishes to use the toilet? _____

Does your Child need help: Dressing Eating Washing Hands

Does Your Child have any special problems or fears?

Has Your Child been cared for by anyone other than the parents? Yes (Relationship) _____ No

Favorite Game: _____ Favorite Toy: _____

Director Sign-off _____ Date: _____