

Right Beginnings Daycare
Child Information Sheet
We must have a copy of shot records

Child's Information

Name _____

Date of Birth: _____ Gender: _____

Parent's Information

Mothers Name: _____ Social Security Number _____

Fathers Name: _____ Social Security Number _____

Home Address: _____

Home Telephone Number: _____

Cell Phone Number : Mom _____

Dad _____

Place of Employment & Work Number: Mom: _____

Dad: _____

If parents cannot be reached in case of an emergency please notify:

Name: _____ Phone number: _____ relationship: _____

Name: _____ Phone number: _____ relationship: _____

Health Information:

Child's Doctor: _____ Telephone _____

Does your child have any allergies? _____

Does your child have any special diet or medications? _____

I give permission for my child to be transported to and from school: Yes _____ No _____

Please list anyone other than yourself that has permission to pick up your child from school:

Name: _____

Name: _____

I have received a handbook and understand and agree with all of its contents:

Parent/Guardian Signature: _____ Date _____

Please list anyone other than yourself that has permission to pick up your child from school:

Name: _____

Name: _____

I have received a handbook and understand and agree with all of its contents:

Parent/Guardian Signature: _____ Date _____