

CHILD CARE INFORMATION FORM

BASIC INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____

CELL PHONE: _____

SPECIAL NEEDS? YES NO

SCHOOL: _____

ADDRESS: _____

PHONE NUMBER: _____ GRADE: _____

CURRENT TEACHER OR COUNSELOR: _____

PRINCIPAL: _____

DOCTOR: _____ PHONE: _____

ADDRESS: _____

INSURANCE COMPANY: _____

PRIMARY: _____ POLICY No.: _____

DENTIST: _____ PHONE: _____

ADDRESS: _____

EYE DOCTOR: _____ PHONE: _____

ADDRESS: _____

ALLERGIES? _____

MEDICATIONS

MEDICATION	DOSE	TIME

FOOD PREFERENCES

BREAKFAST	LUNCH	DINNER	SNACKS

ROUTINE/ACTIVITIES

FAVORITE BOOKS: _____

FAVORITE TOYS: _____

NIGHTTIME ROUTINE:

DAYTIME ROUTINE:

FRIENDS AND PHONE NUMBERS:

ACTIVITIES OUTSIDE THE HOME:

_____ LOCATED _____
 _____ LOCATED _____
 _____ LOCATED _____