

CHILD RECORD FORM

CHILD'S NAME _____ Today's Date _____

Nickname (if any) _____ Date of Birth _____

Address _____ Sex: Male Female

City _____ State _____ Zip _____

Please check one – to be used for required statistical reporting only:

African-American Asian Caucasian Hispanic Native American Other

MOTHER'S NAME _____ Home Phone _____

Email _____ Cell Phone _____

Home address: same _____

Employer _____ Occupation _____

Employer address _____ Work Phone _____

FATHER'S NAME _____ Home Phone _____

Email _____ Cell Phone _____

Home address: same _____

Employer _____ Occupation _____

Employer address _____ Work Phone _____

NAMES OF SIBLINGS: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

PICK-UP AUTHORIZATION: Other than the above parents/guardians, only the following person(s) may remove your child from care without previous notice. PHOTO ID WILL BE REQUIRED.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(continued on back)

EMERGENCY INFORMATION:

In case of emergency and parents cannot be reached, contact:

Name _____

Address _____

Relationship to child _____ Phone _____

MEDICAL INFORMATION:

Physician _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Significant Medical Information _____

Insurance Company _____

Name of Subscriber _____ ID Number _____

PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL TREATMENTS.

I give permission to Little Lambs Child Development Center to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the program.

In case of a medical emergency, I understand that my child will be transported to Cheyenne Regional Medical Center by the local emergency unit for treatment, at my expense, if the local emergency resource (police, rescue squad) deems it necessary.

I hereby authorize Little Lambs Child Development Center to act on my behalf in case of an emergency.

Parent's Signature _____ Date _____