

CHILD'S IDENTIFICATION RECORD

Child's Full Legal Name _____ Date Enrolled _____

Child's Preferred Name _____ Sex _____ Birthdate _____

Address _____ City _____ Zip _____

Who has legal custody? _____ Relationship _____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____

Mother's Birthdate _____ Pager _____ Cell phone _____

Home Address _____ City _____ Zip _____

Place of employment _____ Phone _____

Address _____ City _____ Zip _____

Father's Name _____ Phone _____

Father's Birthdate _____ Pager _____ Cell phone _____

Home Address _____ City _____ Zip _____

Place of employment _____ Phone _____

Address _____ City _____ Zip _____

Internet Address for Mother _____ Internet Address for Father _____

Persons permitted to remove child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Person to be notified IN CASE OF EMERGENCY when parent or guardian cannot be reached

Name _____ Address _____ Phone _____

Child's Physician/Health Care Resource _____

Address _____ Phone _____

Communicable diseases child has and (give date) _____

Does your child have any if the following problems?

Allergies _____ Earaches _____ Diabetes _____

Vomiting/Diarrhea _____ Skin Problems _____ Eating Problems _____

Frequent Sore Throats/Colds _____ Other Chronic Conditions _____

Physical or Mental Disabilities _____

List all identifying scars, birthmarks, skin discoloration's _____

Special Needs of your child _____

Instructions regarding toilet training _____

Child's habits, fears, etc. _____

Any other information that you wish known _____

I give permission to consult the health care resource listed above in the case of emergency if parent cannot be reached.

Date _____

Signature of Parent or Legal Guardian