

# Child's Information Sheet

Stepping Stones For Children & Small Wonders Child Care

Date: \_\_\_\_\_

## Child's Information

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

## Mother's /Guardian's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

## Father's / Guardian's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

**Who is allowed to Pick my child up (*please be sure this information matches the main Pick Up permission form precisely*)**

Name: \_\_\_\_\_ D.L#: \_\_\_\_\_

Name: \_\_\_\_\_ D.L#: \_\_\_\_\_

Name: \_\_\_\_\_ D.L#: \_\_\_\_\_

Name: \_\_\_\_\_ D.L#: \_\_\_\_\_

**Emergency Contacts (not authorized for pick up unless entered the Pick Up section above)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Allergies

\_\_\_\_\_

Picture Consent    Internet/Website    Printed Media    Center    None

## Comments

\_\_\_\_\_  
\_\_\_\_\_