



**CHILD FACE SHEET**

**Child Information**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname (if any): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**Parent/Guardian Information**

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Home Email Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Others in Family Relationship/Household: \_\_\_\_\_

**Parent/Guardian Business Information**

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

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

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

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

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

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

**Preferred Email Address for Center Communications (Including Daily Page):**

Home  Business

Home  Business

**Physical/Medical Information**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

**ALLERGIES/Medical Conditions:** \_\_\_\_\_

**Physician Information**

Name of Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**FOR CENTER USE**

Center: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Age of Admission: \_\_\_\_\_

Child's Schedule: MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ FRI \_\_\_\_