

Information Form

Registration Date: _____

Start Date: _____

Child's Full Name: _____

Child's Nick Name: _____

Address: _____

Town: _____ State/Zip Code: _____

Home Phone _____ **Birth Date:** _____

Email address: _____ Fax # _____

Father's Name: _____ Does child live with father? Y/N

If no, father's address _____

Business & address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Mother's Name: _____ Does child live with mother? Y/N

If no, mother's address _____

Business & address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Emergency Contacts/Special Pick-Ups:

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number (s)</u>
1.	_____	_____	_____
2.	_____	_____	_____

Sibling/other family information:

Please list any family members who reside with your child (brothers/sisters & ages)

Important Information About Your Child:

Do you want your child to sleep at Nap Time? Y/N

Does your child wear diapers? Y/N

Does your child have any ALLERGIES? Y/N

Turn page over...

Health Information: Please be specific!!

Allergies: (if you answered yes, please list) _____

Please let us know about your child's:

Speech: _____

Eye sight: _____

Behavior: _____

Temper: _____

Eating Habits: _____

Special Fears: _____

How is your child comforted? Does he/she have anything special that calms him/her down? _____

Previous Daycare Experience/Interaction with children? _____

Does your child have any habits? (eg. Sucking thumb) _____

How did you hear about Liberty Learning Center? _____

Why did you choose Liberty Learning Center? _____

What do you want us to do for your child? _____

Comments:

EMERGENCY: In case of an accident or serious illness, I request Liberty Learning Center to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician below and follow his/her instructions. If it is impossible for the school personnel to reach the physician, the school personnel may make what ever arrangements are necessary to help my child.

1/ Signature of Parent or Guardian _____

Telephone number _____

2/ Physician to Contact _____

Telephone number _____