She Cares Daycare

Child Information Record

Child's name:	Child's birthdate:	Telephone #:
First day child will attend: _____ Last day child will attend: _____ Circle the days the child will be attending: M T W TH F SA SU List the hours that the child will be attending: _____ to _____		

#1Parent/Guardian Name:	#2 Parent Guardian Name:

#1 address:	#1 parent email:	#1 parent phone #:
#2 address:	#2 parent email:	#2 parent phone #:

#1 parent place of employment:	#1 parent work telephone #:
#2 parent place of employment:	#2 parent work telephone #:
Legal documents necessary to define custodial rights or legal guardianship of the child ____ YES ____NO	

In the event of an emergency, She Cares Daycare is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. ____YES ____NO
During an emergency She Cares Daycare is authorized to contact the following person when parent or guardian cannot be reached.

Alternate emergency contact person's name:_____
Alternate emergency contact's Phone #: _____
Alternate emergency contact's relationship to child: _____

Name of child's physician:	Physician's phone #:	Health Insurance Company:
Name of child's dentist:	Dentist's phone #:	Dental Insurance Company:

Infant Feeding Instructions:
_____

Infant typical sleep schedule:
_____
Does your child use a pacifier: ____ YES ____ NO
If, yes; do you want your child to use the pacifier when in a crib? ____ YES ____ NO

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Immunizations	Date given	Physician/Clinic
Hepatitis A (Hep A)		
Hepatitis B (Hep B)		
Diphtheria, Tetanus, Pertussis (DTaP)		
Haemophilus influenza type B (Hib)		
Human Papillomavirus (HPV)		
Measles, Mumps, Rubella (MMR		
Meningococcal		
Pneumococcal conjugate (PCV)		
Polio (IPV or OPV)		
Rotavirus		
Varicella (VAR)		

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

_____
_____
_____
_____
_____

_____ _____

Parent/Guardian Signature Date