

Child's Background Information

General Information *(Please Print)*

Child's name
Nickname <i>(if applicable)</i>
Sex male___ female___ Birth date
Home Phone Number
Child's Home Address
Parent(s) or Legal Guardians
Place of Employment
Workplace Address
Work Phone

Release Information *List every person, including parents, who have the authority to pick up the child.*

1.	2.
3.	4.
Is anyone denied permission to see the child? No___ Yes___ , if "yes" who?	

Child Information

Does the child have any unusual eating problems or food dislikes? No___ Yes___, if "yes" explain:
Does the child have any allergies? No___ Yes___ , if "yes" list:
Does the child usually nap? No___ Yes___ , if "yes" at what time? How long?
What are the child's fears:
Is the child usually happy?
Does the child have any nervous habits? No___ Yes___ , if "yes" when does the child show them?
What is your attitude toward discipline?
Any further information that might be helpful in understanding the child <i>(visual or physical handicaps, for example)</i>
Has the child been in any other Daycare Center or home care? <i>(provide name and telephone number)</i>
1. _____ 2. _____
3. _____ 3. _____

Signature of Parent or Guardian

<i>Signature</i>	<i>Date</i>
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