

CHILD'S IDENTIFICATION RECORD

Date enrolled _____

Child's full legal name _____ Birthdate _____

Child's preferred name _____ Sex _____ SS#(optional) _____

Address _____ City _____ Zip _____ Phone _____

Who has legal custody _____ Relationship _____

Address _____ Phone _____

Mother's name _____ Phone _____

Home address _____ Zip _____

Place of employment _____ Phone _____

Address _____ Zip _____

Father's name _____ Phone _____

Home address _____ Zip _____

Place of employment _____ Phone _____

Address _____ Zip _____

Other household members: Adults _____

Children and ages _____

People permitted to remove child:

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Child's physical/health resource _____ Phone _____

Address _____ Zip _____

Child's dentist _____ Phone _____

Address _____ Zip _____

Has child had: Surgery _____ Serious illness/accident _____ Burns _____

Allergies _____ Convulsions _____ Other _____

List all identifying scars, birthmarks, skin discoloration _____

Special needs of child _____

Instructions regarding toileting _____

Child's habits, fears, etc. _____

Previous preschool or group experiences: Where _____ When _____

I give permission to consult the child's physician/health resource listed above in case of emergency if parent cannot be reached. I have received a copy of the Child Care Facility Brochure and a copy of the center's discipline policy.

Signature of Custodial Parent or Legal Guardian

Date