



DIRECTOR'S USE ONLY  
Date enrolled: \_\_\_\_\_

**Parent and Child's Identification Record**

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Who has legal custody: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Other Household members: Adults: \_\_\_\_\_ Children and Ages: \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Child's Physician/Health Resource:** \_\_\_\_\_ Phone number: \_\_\_\_\_

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

**Child's dentist:** \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Has child had:  Surgery  Allergies  Serious Illness/accident  Convulsions  Others: \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations: \_\_\_\_\_

Special needs of child: \_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Previous preschool or group experiences (include dates): \_\_\_\_\_

I give permission to consult to the child's physician resource listed above in case of emergency if I/we cannot be reached.

**Signature of Custodial Parent or Legal Guardian:** \_\_\_\_\_