

**Beautiful Savior Lutheran Early Learning Center
Information Form**

Child's Information:

Child's Full Name _____

Name Child Goes By _____

Date of Birth _____ Sex _____

Child's Home Address _____

Child's Home Phone Number _____

Parent or Guardian Information:

Father's Name _____ Home Phone Number _____

Cell Phone Number _____

Father's Occupation and Place of Employment _____

Mother's Name _____ Home Phone Number _____

Cell Phone Number _____

Mother's Occupation and Place of Employment _____

Family Information:

Brothers and/or Sisters (Please indicate ages and whether they live with the child):

Please list any other people living with the child and their relationship (if any) to the child:

Personal History:

Is child right-handed or left-handed? _____

Has child had a previous group or pre-school experience? _____

If so, where and when? _____

Does your child have any allergies? _____

Are there any medical problems of which we should be aware of? _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Are there any special food or eating instructions? _____

Are there any sleeping or napping instructions? _____

Any additional information such as child's communication, comforting, and so on? _____

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date