

Please complete this form to help us provide the best care for your child. Turn in completed forms at the self-check-in desk. Please keep it updated as the needs of your child change.

Child's Name _____ D.O.B _____ Home Phone # _____

Home Address _____

Parent Name(s) _____

E-mail _____

Who is allowed to pick your child up?

1. _____ 2. _____ 3. _____ 4. _____

CONTACT INFORMATION: During service put your phone on vibrate and we will use this number to contact you if needed. Cell # _____

Can your child eat goldfish? Yes No

Potty Trained? Yes No Needs Help

ALLERGIES/MEDICAL CONDITIONS: No Yes – give details

ADDITIONAL INSTRUCTIONS OR INFORMATION:

Please label all personal items with your child's name.



TODDLERS & 2 YEAR OLDS