



Early Learning INFORMATION SHEET

Child's Full Name: _____ Nickname: _____

Sex: _____ Age _____ Date of Birth _____ Date of Enrollment _____

Child's Home Address _____

Mother/Guardian Name: _____ Phone # _____

Home Address (if different) _____

Employer Name & Address: _____

Employer's Phone # _____

Cell #/Pager _____ Fax _____ Email _____

Father/Guardian Name: _____ Phone # _____

Home Address (if different) _____

Employer Name & Address: _____

Employer's Phone # _____

Cell #/Pager _____ Fax _____ Email _____

Name of Child's Physician: _____ Phone # _____

Address of Physician: _____

Name of Child's Dentist: _____ Phone # _____

Address of Dentist: _____

Name/Address of Preferred Hospital: _____

Person to contact when parents cannot be reached: _____

Home Phone _____ Work Phone _____

Address _____