



Child's Name _____
First Middle Last

Name you prefer your child to be called: _____

Sex _____ **Date of Birth** _____ **Preferred Start Date** _____

Allergies _____

Check if your child has a problem or special needs in any of the following areas:

Hearing _____ Speech _____ Other _____
Vision _____ Appetite _____

Please mark best phone number for calling due to child(ren) illness.

Mother/Guardian Name _____

Address _____

Home Phone _____ **Cell** _____

Employed by _____ **Work Phone** _____

Email _____

Father/Guardian Name _____

Address _____

Home Phone _____ **Cell** _____

Employed by _____ **Work Phone** _____

Email _____

Parents Marital Status Married _____ Single _____ Divorced _____

Names and Ages of Other Children in Your Family

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Emergency Contacts (Other than Parents)

Name_____ Phone_____

Address_____ Relationship to child_____

Name_____ Phone_____

Address_____ Relationship to child_____

Your child will only be allowed to leave with those who sign this application OR the following authorized persons:

Name_____ Phone_____

Name_____ Phone_____

Child's Physician_____ Phone_____

Address_____

Child's Dentist_____ Phone_____

Address_____

Has this child been baptized? _____

Family's present church membership_____

Special situations in the family that we should know about (ex: new baby, recent move, etc.)

I hereby give the staff of First Steps Early Learning Center to give medical treatment in an emergency or in the event that I am detained or cannot be reached.

Parent/Guardian Signature_____ **Date**_____

Parent/Guardian Signature_____ **Date**_____