



Child's Name _____
First Middle Last

Name you prefer your child to be called: _____

Sex _____ Date of Birth _____

When would you like care to begin? _____

Allergies _____

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

Hearing _____ Speech _____

Vision _____ Appetite _____

Other _____

Mother/Guardian Name _____

Address _____ Home Phone _____

Employed by _____ Work Phone _____

Cell _____ Email _____

Father/Guardian Name _____

Address _____ Home Phone _____

Employed by _____ Work Phone _____

Cell _____ 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 _____