



Learning Edge Childcare & Preschool
CHILD INFORMATION CARD

Revised December 2015

Please attach photo to back

CHILD'S NAME _____ BIRTH DATE _____
Last First Month / Day / Year

PARENT OR GUARDIANS [Note: unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child].

FATHER _____ Hours worked _____

Home address _____ Home ph _____ Work ph _____

MOTHER _____ Hours worked _____

Home address _____ Home ph _____ Work ph _____

RESIDENCE: Child lives with: Mother only Father only Both Parents
 Shared or split custody Other: _____

LEGAL CUSTODY: Both parents Mother Father Guardian _____

EMERGENCY: The following may be called in an emergency, when parent(s) or guardian can't be reached, and have permission to remove my child from the center if necessary.

NAME _____ Home ph _____ Work ph _____

NAME _____ Home ph _____ Work ph _____

Additional person(s) authorized to call for my child: _____

PHYSICIAN: Name and address _____ Phone _____

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of Parent or Guardian: _____ Date _____
(Please complete back side of form.)



Learning Edge Childcare & Preschool
CHILD INFORMATION CARD

Revised December 2015

Please attach photo to back

CHILD'S NAME _____ BIRTH DATE _____
Last First Month / Day / Year

PARENT OR GUARDIANS [Note: unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child].

FATHER _____ Hours worked _____

Home address _____ Home ph _____ Work ph _____

MOTHER _____ Hours worked _____

Home address _____ Home ph _____ Work ph _____

RESIDENCE: Child lives with: Mother only Father only Both Parents
 Shared or split custody Other: _____

LEGAL CUSTODY: Both parents Mother Father Guardian _____

EMERGENCY: The following may be called in an emergency, when parent(s) or guardian can't be reached, and have permission to remove my child from the center if necessary.

NAME _____ Home ph _____ Work ph _____

NAME _____ Home ph _____ Work ph _____

Additional person(s) authorized to call for my child: _____

PHYSICIAN: Name and address _____ Phone _____

EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of Parent or Guardian: _____ Date _____
(Please complete back side of form.)

1. Check any special medical condition that your child may have.

- No specific medical condition
 Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
 Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHD
 Other condition(s) requiring special care – Specify.
 Food allergies – Specify food(s).
 Non-food allergies – Specify.
-

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow.

If medications are necessary, a copy of the CFS-59 Authorization to Administer Medication should be attached to this form. Indicate any child care staff who have received specialized training / instructions to help treat symptoms.

- a.
b.
c.
-

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

1. Check any special medical condition that your child may have.

- No specific medical condition
 Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
 Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHD
 Other condition(s) requiring special care – Specify.
 Food allergies – Specify food(s).
 Non-food allergies – Specify.
-

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow.

If medications are necessary, a copy of the CFS-59 Authorization to Administer Medication should be attached to this form. Indicate any child care staff who have received specialized training / instructions to help treat symptoms.

- a.
b.
c.
-

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.
