|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name (Last, First)** | | | | | | | **Child Nickname** | | |
| **Date of Birth** | | | **Schedule Selection**  **3-Day (circle 3 days) M T W Th: \_\_\_\_\_\_\_\_\_\_**  **4 Day: \_\_\_\_\_\_\_\_\_** | | | | **Age at Entry** | | |
| **ALLERGY ALERT** | **Does your child have allergies?    YES    NO** | | | | | | | | |
| **Parent or Guardian Contact Information** | | | | | | | | | |
| **Name (First, Last)** | | | | | | | | Relationship | |
| Home Address (Street, City, Zip) | | | | | | | | | |
| Home Phone | | Cell Phone | | | Email Address | | | | |
| Employer and Work Hours | | | | Address (Street, City, Zip) | | | | | Work Phone |
| **Name (First, Last)** | | | | | | | | Relationship | |
| Home Address (Street, City, Zip) | | | | | | | | | |
| Home Phone | | Cell Phone | | | Email Address | | | | |
| Employer and Work Hours | | | | Address (Street, City, Zip) | | | | | Work Phone |
| **Required Emergency Contact Information** | | | | | | | | | |
| Name (First, Last) | | | | | | Phone | | Relationship | |
| **Non‐Emergency Contact Information** – person other than parent or guardian that is authorized to pick up child | | | | | | | | | |
| Name (First, Last) | | | | | | Phone | | Relationship | |
| Name (First, Last) | | | | | | Phone | | Relationship | |
| **Medical/Dental Contact Information** | | | | | | | | | |
| Insurance Provider and Policy Information (if applicable) | | | | | | | | | |
| Primary Physician Name | | | | | | | | Phone | |
| Dental Provider | | | | | | | | Phone | |
| **Parent or Guardian Emergency Authorization** | | | | | | | | | |
| **In an emergency**, Lucky Ducklings has my permission to call 9-1-1 which may result in emergency care.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature              Date | | | | | | | | | |

|  |  |
| --- | --- |
| **Other Children in the Home** |  |
| **Name (first, Last)** | **Age** |
| **Name (first, Last)** | **Age** |
| **Name (first, Last)** | **Age** |

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| **Child General Information –** please include all information that will assist us in providing quality care for your child |
| **Likes and dislikes** |
| **Favorites activities** |
| **Fears** |
| **How your child like does to be comforted when upset?** |
| **Child’s home language** |
| **Special word and their meanings** |
| **Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?** |
| **Does your child have any educational special needs (IFSP, etc.) No   Yes    If yes, List any health partners or providers you would like us to know about.** |