



# KIDDIE CORNER @ CAZ

## CHILD INFORMATION SHEET

Child's Full Name \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Weekly Schedule: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_ Time of Pick up: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Home Address (if Different): \_\_\_\_\_  
\_\_\_\_\_

Primary Daytime Phone Number: \_\_\_\_\_

Secondary Daytime Phone Number: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Home Address (if Different): \_\_\_\_\_  
\_\_\_\_\_

Primary Daytime Phone Number: \_\_\_\_\_

Secondary Daytime Phone Number: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Living Together  
\_\_\_\_\_ Divorced \_\_\_\_\_ Single

Parent/Guardian with Legal Custody: \_\_\_\_\_

Other Members in Household: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language spoken at Home: \_\_\_\_\_

Any other details that may help us care for your Child?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_