



VITAL INFORMATION CARD

ENTRY DATE: _____

WITHDRAWAL DATE: _____

CHILD'S NAME: _____ D.O.B. _____ NICKNAME: _____ SEX: M F

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE _____

MOTHER'S NAME: _____ HOME PHONE #: _____ WORK PHONE #: _____ HOURS AT WORK: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CELL PHONE #: _____

EMPLOYER: _____ WORK ADDRESS: _____ POSITION: _____

FATHER'S NAME: _____ HOME PHONE #: _____ WORK PHONE #: _____ HOURS AT WORK: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CELL PHONE #: _____

EMPLOYER: _____ WORK ADDRESS: _____ POSITION: _____

E-MAIL ADDRESS: MOTHER _____ FATHER _____

DOCTORS NAME: _____ DOCTORS PHONE #: _____

Emergency contact (other than parents) NAME: _____ PHONE #: _____ ADDRESS: _____

NAME: _____ PHONE #: _____ ADDRESS: _____

Persons authorized to pick child up: NAME: _____ PHONE #: _____ ADDRESS: _____

NAME: _____ PHONE #: _____ RELATIONSHIP TO CHILD: _____

Persons not authorized to pick child up: _____

MEDICAL CONDITIONS: _____

Name and phone # of any other program child attends _____

ALLERGIES: