

Fredrickson Family Early Childhood Center  
Information Card

Today's Date \_\_\_\_\_ Circle one: Infant Toddler Preschool  
Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
Work Phone (Mother) \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_  
Cell Phone (Mother) \_\_\_\_\_ Cell Phone (Father) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
Parent's Marital Status \_\_\_\_\_ If divorced/separated address of spouse \_\_\_\_\_  
Names and ages of siblings \_\_\_\_\_  
Religious Preference \_\_\_\_\_ Member of \_\_\_\_\_  
Is the child baptized? \_\_\_\_\_ Please list on back family heritage and/or family traditions.  
Is one or both parents alumnae of CLU? \_\_\_\_\_ Year of graduation \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Allergies \_\_\_\_\_ Any other medical concerns \_\_\_\_\_  
Food preferences (i.e. vegetarian) \_\_\_\_\_

As the parent or legal guardian, I hereby give consent to Fredrickson Family Early Childhood Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. Parent signature \_\_\_\_\_

Emergency contact – someone other than parent that can be contacted in case of illness or accident.  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

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Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
Work Phone (Mother) \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_  
Cell Phone (Mother) \_\_\_\_\_ Cell Phone (Father) \_\_\_\_\_  
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