Fredrickson Family Early Childhood Center Information Card

Today's Date	Circle one: In	ıfant Toddler	Preschool
Child's Name			
Address			
City	Zip Code		e Phone
Mother's Name	Occupation	Co	mpany Name
Father's Name	Occupation	Co	mpany Name
Work Phone (Mother)		Work Phone (Fa	nther)
Cell Phone (Mother)	C	Cell Phone (Fath	er)
E-MAIL ADDRESS			
Parent's Marital Status	If div	vorced/separate	d address of spouse
Names and ages of siblings $_$			
Religious Preference	N	Member of	
Is the child baptized?	Please list	on back family	heritage and/or family traditions.
ls one or both parents alumna	ie of CLU?	Year of g	raduation
Family DoctorAllergies	Phone #		
Allergies	Any other me	edical concerns	
Food preferences (i.e. vegetari	an)		
child. This care may be given my dependent. Parent signati	under whatever condition	ons are necessar	
			d in case of illness or accident.
Name	Pnone #		Relationship to child
Today's Date	Circle one: In		
Child's Name		Birth date	
Address			- -
City	Zip Code	Hom	e Phone
Mother's Name	Occupation	Co	mpany Name
Father's Name	Occupation	Col	mpany Name
Work Phone (Mother)		Work Phone (Fa	ather)
Cell Phone (Mother)	c	en Phone (Fath	er)
Demont's Monited Status	TE 3:-		d address of spouse
Parent's Marital Status Names and ages of siblings	II QIV	vorcea/separate	a address of spouse
Religious Preference		Member of	
Is the child bentized?	Place list		heritage and/or family traditions.
Is one or both parents alumns	on of CLU2	Ull Dack failily Voor of a	raduation
Family DoctorAllergies	Any other me	edical concerns	
Food preferences (i.e. vegetari			
As the parent or legal guardia all emergency dental or medic	an, I hereby give consent cal care prescribed by a d under whatever condition	to Fredrickson luly licensed ph ons are necessar	Family Early Childhood Center to provide ysician (M.D.) or dentist (D.D.S.) for my y to preserve the life, limb or well being of
Emergency contact – someone	other than parent that o	can be contacted	d in case of illness or accident.
			Relationship to child