Family Information

Person(s) designated to pick up child other than parent(s):
Name: ______________________ Telephone Number: __________________
Name: ______________________ Telephone Number: __________________
Name: ______________________ Telephone Number: __________________

Person(s) specifically not permitted to pick up child:
Name: ______________________ Relationship: ______________________
Name: ______________________ Relationship: ______________________

Language(s) spoken in the home: ________________________________

List other children in the family:
Name: ______________________ Age: ________ Sex: ________
Name: ______________________ Age: ________ Sex: ________
Name: ______________________ Age: ________ Sex: ________
Name: ______________________ Age: ________ Sex: ________
Name: ______________________ Age: ________ Sex: ________

List other adults living in your home:
Name: ______________________ Relationship: __________________
Name: ______________________ Relationship: __________________
Name: ______________________ Relationship: __________________

List pets living in you home:
Name: ______________________ Type: ______________________
Name: ______________________ Type: ______________________
Name: ______________________ Type: ______________________

List previous experience in day care, including name of facility, dates attended, and type of care (such as family day care, day care center, nursery school, nanny etc...):

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