

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...):
