



PARENTS INFORMATION

Child's Name: _____ DOB: _____

Has your child been in childcare before? (Please circle one) Yes or No. If Yes, what was the name of the previous childcare facility?

Mother: _____ Birth Date _____ SSN _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Mother's
Employment _____ Phone _____

Address: _____

Occupation _____ Work Hours: _____

Father: _____ Birth Date _____ SSN _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Father's
Employment _____ Phone _____

Address: _____

Occupation _____ Work Hours: _____

Parents are Married Divorced Live Apart Live Together Single

If separated do you have Full Custody or Shared Custody

If you have legal documents preventing your spouse from picking up your child you will need to bring me a copy otherwise I have no legal right to stop a parent from taking his/her child from my home. All I can do is call you to contact the local authorities.

