

# Shepherd of the Hills Child Development Center

## Child Record Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Child lives with (please circle): Both Parents    Mother    Father    Other \_\_\_\_\_

Other children in the family: Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

\*\*\*\*\*

Person authorized to pick up my child at school: Mother \_\_\_\_\_ Father \_\_\_\_\_

Others \_\_\_\_\_

**\*Please note** – if any person other than those listed on the Registration card or Child Record Form need to pick up your child, you are asked to personally notify the Director or your child's teacher with a note or phone call. **We will not release child to someone not authorized by you without confirming it with you first.**

Please explain any illness or unusual medical condition that might prevent your child from participating in activities or conditions which the staff should be aware of.

\_\_\_\_\_  
\_\_\_\_\_

Please share any important information regarding your child which would lead to a better understanding of him/her (i.e., fears, interests, bathroom needs, behavior, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What do you hope the CDC will accomplish with your child?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our preschool? [Friend, newspaper, yellow pages, other \_\_\_\_\_]