

Background Information Form

Child's Name _____ Birthdate _____

Sex _____ Place of Birth _____ Nationality _____

Address _____ Telephone _____

Name of Mother or Guardian _____ Age _____

Occupation _____ Work Phone _____

Name of Father or Guardian _____ Age _____

Occupation _____ Work Phone _____

Marital Status of Parents _____

Emergency information

Persons Authorized to Pick Up Your Child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Persons To Be Notified In Case Of Emergency:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Child's Physician _____ Phone _____

Address _____

Allergies _____

Emergency Hospital Preference _____

Parent Signature _____ Date _____