

Childcare Information Form

Child(ren)'s first and last names:

Name _____ Age _____ Birth Date _____

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Please list individuals allowed to check-out the above child(ren) from BHF Childcare

Name _____

Name _____

Name _____

About your child/children:

How would you describe your child's personality?

My favorite activity is:

My favorite toy is:

Infants-please describe their stage of development [ie: crawling, walking etc]

Has your child had previous day care experience or been away from mom/primary caretaker?

Please list any allergies:

Please list any personal habits, thumb sucking, nail biting, etc. and/or specific words used to describe bodily functions or objects:

Do any of your children have **health limitations** or **special needs**? Any **birthmarks** or **injuries** we should be aware of?

In the event that we would need to contact you [ie: schedule change due to weather] please provide information if you would like to be contacted.

Parent Name _____

Child(ren)'s name _____

Phone _____
