

# Temple Emanuel Early Childhood Center

## Family/Child Information Sheet

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Special talent, skill or hobby that you would like to share with the class or school:

\_\_\_\_\_

Sibling(s) Name	Age	School that they Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language(s) other than English spoken at home: \_\_\_\_\_

Please list any food, medication or airborne allergies that your child has:

\_\_\_\_\_

\_\_\_\_\_

Has your child had any diagnostic testing? Yes ( ) No ( ) If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you would like us to know about your child or family?

\_\_\_\_\_

\_\_\_\_\_