

# Heart and Hands



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## Preschool and Daycare

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Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Profession \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Profession \_\_\_\_\_ Work # \_\_\_\_\_

### Physician and/or Dentist to Be Called in An Emergency

Name \_\_\_\_\_ Medical Plan and Number \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Persons Authorized To Be Called In An Emergency And Who May Take Child From Facility

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Siblings

Name \_\_\_\_\_ Age/Birth \_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Prohibited Foods: \_\_\_\_\_

\_\_\_\_\_