

FOR OFFICE USE ONLY
Assigned Class: _____
Student's Start Date: _____

Humble Area's First Baptist Church Child Development Center General Information Sheet

Child's Name: _____ Child goes by: _____
Child's Address: _____ Date of Birth: _____
City: _____ Zip: _____ Subdivision: _____
Phone Number: _____ Mom's Cell: _____ Dad's Cell: _____
Mom's Work Number: _____ Dad's Work Number: _____
Parent's Name: (Mom) _____ (Dad) _____
Mom's Email: _____ Dad's Email: _____
With whom does your child live with most of the time? _____

I give permission for my phone number/address to be given to class parents for class parties? Yes or No
I give permission for my child's photo to be taken during CDC for art projects, etc. Yes or No
I give permission for my child to be videotaped during CDC for art projects, etc. Yes or No

Name of church you attend: _____

HELP US GET TO KNOW YOUR CHILD BY GIVING THE FOLLOWING INFORMATION

Medical problems/allergies: _____
Fears: _____
Eating habits: _____
Sleep habits: _____
Toilet training status: _____
(Children in the Three year old and Pre-K classes must be potty trained and out of pull-ups.)

EMERGENCY PHONE NUMBERS

(In case of emergency and you cannot be reached, please list names of friends/relatives for us to contact.)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN YOURSELF

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Signature of Parent/Legal Guardian: _____ Date: _____