

## Children's Information

Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School	
School Address	
School Telephone Number	
Teacher's Name	
Classroom Number	
Afterschool Program and Phone Number	
Child Care Provider Name	
Child Care Provider Phone Number	
Medical Conditions	
Medications	
Pediatrician's Phone Number and Address	
Dentist's Address and Phone Number	
Health Insurance Provider	
Allergies	
Favorite Foods	
Favorite Toys, Books, Games and Activities	
Favorite TV Shows, Movies, Games and How Much Time Allowed	
Bedtime and Bedtime Routines	
Other Important Information	

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## Special Needs of Adult Family Members

Name of Family Member	Describe Needs