

JSU CHILD DEVELOPMENT CENTER at McCLELLAN
Children's Information Sheet

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address _____ Home Telephone _____

The Child may be released to the person(s) signing this form or to the following:

Name: _____ Address: _____

Persons to contact in the case of an emergency when parents/guardians cannot be reached:

Name: _____ Telephone: _____

Child's Physician or Clinic's Name (Child's Primary Health Source):

Address: _____ Telephone: _____

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at this Center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

You must complete a medication form before any medication will be administered at school

Signature (Parent/Guardian)

Date

Parent/Guardian printed name