

**Child's Information Form**

for office  
Date of Admission: \_\_\_\_\_

**CHILD INFORMATION**

Child's name: \_\_\_\_\_ Nick name? \_\_\_\_\_ Date of birth \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ tel # \_\_\_\_\_  
other address if applicable

Child's identifying information and a current picture:

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin color \_\_\_\_\_  
Primary Language \_\_\_\_\_ Identifying marks \_\_\_\_\_

Is there documentation of a physical exam, immunizations and lead test screening on file at the child's school? yes\_\_no\_\_  
Please supply us with a copy.

Are there custody agreements, court orders, and/or restraining orders pertaining to the child? yes\_\_ no\_\_  
If yes, please attach a copy.

List below any special limitations or concerns you may have for your child including dietary restrictions (not allergies) or restrictions on activities or celebrations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP (Individual Education Plan) ? yes\_\_\_\_no\_\_\_\_ (If yes, we would like to help him or her reach this year's goals. Please share a copy with us.)

Siblings' names and ages: \_\_\_\_\_

What are your child's interests? (sports, music, dance, scouts, crafts, reading) \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Please check one:

I do (or)  do not give permission for my child's photo to be used without name in publicity submitted to Woburn newspapers other media, or in ASC brochures.

If this is your first time with us, how did you hear about us? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/guardian name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home address \_\_\_\_\_  
Home telephone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_  
Business name \_\_\_\_\_  
Business address \_\_\_\_\_  
Business phone # \_\_\_\_\_  
Hours at work \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
E-mail address: \_\_\_\_\_

Parent/guardian name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home address \_\_\_\_\_  
Home telephone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_  
Business name \_\_\_\_\_  
Business address \_\_\_\_\_  
Business phone # \_\_\_\_\_  
Hours at work \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
E-mail address: \_\_\_\_\_

Please inform the After School Club immediately if there are any changes in the information given above.