

PLOWSHARES EDUCATION DEVELOPMENT CENTER

CHILD'S FACE SHEET/SCHOOL AGE CHILD CARE

LOCATION/SITE _____

Child's Name: _____

Weight _____ Height _____ Sex _____

Home Address: _____

Hair Color _____ Eye Color _____ Skin Color _____

Telephone: _____

Date of Admission _____

Age at Admission _____

Date of Birth _____

Primary Language _____

Identifying Marks _____

Allergies/special diets _____

PARENT/GUARDIAN INFORMATION:

Parent/
Guardian Name _____

Parent/
Guardian Name _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

Home Telephone # _____

Home Telephone # _____

Cell Phone # _____

Cell Phone # _____

Email Address _____

Email Address _____

Business Name/City _____

Business Name/City _____

Work Telephone # _____

Work Telephone # _____

Hours at Work _____ Occupation _____

Hours at Work _____ Occupation _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic _____
Name Address Telephone #

Chronic Health Conditions _____

Special limitations or concerns _____

School Age only: Current School _____ School Address _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.