

Sunday Morning Child Care Information Card

Birth date \_\_\_\_\_

Child's Name \_\_\_\_\_

(Last)

(First)

(Middle)

Parents' Names \_\_\_\_\_

Mailing Address (including city and zip)

\_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone (emergency contact number) \_\_\_\_\_

Allergies / Other important information: