# *Jeanie's Child Development Center Updated Information Form*

**Child's Information:**

Name: _____ Male / Female DOB:_____

Child resides with:_____

Special medical conditions (allergies, etc…)

_____

_____

**Family Information:**

Mother / Guardian Name: _____

Address_____

Street City State Zip

SS #: _____-___-_____ Email: _____@_____.com

Phone Numbers: _____Home _____Cell _____Work

Employer Name: _____

Employer Address: _____

Father / Guardian Name: _____

Address_____

Street City State Zip

SS #: _____-___-_____ Email: _____@_____.com

Phone Numbers: _____Home _____Cell _____Work

Employer Name: _____

Employer Address: _____

**Local Emergency Contacts – Not mother or father - You must list two**

1. Name: _____ Phone:_____ Home Cell Work (*circle one*)
   Phone:_____ Home Cell Work (*circle one*) Relation to Child:_____
2. Name: _____ Phone:_____ Home Cell Work (*circle one*)
   Phone:_____ Home Cell Work (*circle one*) Relation to Child:_____

Others Authorized to pick up your child *(other than emergency contacts)*

Name: _____ Phone:_____ Home Cell Work (*circle one*)

Phone:_____ Home Cell Work (*circle one*) Relation to Child:_____

**Signed:**_____ **Date:**_____

**Physician's Name:**_____ **Phone:**_____

**Preferred Hospital:** _____ **Phone:**_____

***Along with this completed form, please bring an updated immunization record for your child! We recommend that you bring us an updated record EACH TIME your child receives an immunization!***