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**Liberty Learning Center  
Information Form**

Registration Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Child's Nick Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Email address: \_\_\_\_\_ **Cell Phone Carrier:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Does child live with father? Y/N  
If no, father's address \_\_\_\_\_  
\*Business & address: \_\_\_\_\_  
**Phone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Does child live with mother? Y/N  
If no, mother's address \_\_\_\_\_  
\*Business & address: \_\_\_\_\_  
**Phone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**\*Please be sure to fill out name of business and address**

**Emergency Contacts/Special Pick-Ups:**

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number (s)</u>
1.	_____	_____	_____
2.	_____	_____	_____

**Sibling/other family information:**

Please list any family members who reside with your child (brothers/sisters & ages)  
\_\_\_\_\_  
\_\_\_\_\_

**Important Information About Your Child:**

Do you want your child to sleep at Nap Time? Y/N  
Does your child wear diapers? Y/N  
Does your child have any ALLERGIES? Y/N

**Turn page over...**

**Health Information: Please be specific!!**

Allergies: ( if you answered yes, please list) \_\_\_\_\_  
\_\_\_\_\_

**Please let us know about your child's:**

Speech: \_\_\_\_\_

Eye sight: \_\_\_\_\_

Behavior: \_\_\_\_\_

Temper: \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Special Fears: \_\_\_\_\_

How is your child comforted? Does he/she have anything special that calms him/her down? \_\_\_\_\_

Previous Daycare Experience/Interaction with children? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any habits? (eg. Sucking thumb ) \_\_\_\_\_

How did you hear about Liberty Learning Center? \_\_\_\_\_

Why did you choose Liberty Learning Center? \_\_\_\_\_  
\_\_\_\_\_

What do you want us to do for your child? \_\_\_\_\_  
\_\_\_\_\_

Comments:

**EMERGENCY:** In case of an accident or serious illness, I request Liberty Learning Center to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician below and follow his/her instructions. If it is impossible for the school personnel to reach the physician, the school personnel may make what ever arrangements are necessary to help my child.

1/ Signature of Parent or Guardian \_\_\_\_\_  
Telephone number \_\_\_\_\_

2/ Physician to Contact \_\_\_\_\_  
Telephone number \_\_\_\_\_