

**MOST HOLY NAME OF JESUS EARLY CHILDHOOD CENTER**

**Child Identification Card**

DIRECTORS USE ONLY  
Date Enrolled: \_\_\_\_\_

Childs Full Legal Name: \_\_\_\_\_ SS# (opt): \_\_\_\_\_  
Childs Preferred Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fathers Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other household members/ Adults: \_\_\_\_\_  
Children and ages: \_\_\_\_\_

*The child will be released only to the custodial parent or legal guardian and the persons listed on the reverse side of this card. The following people will also be contacted and are authorized to remove the child from the faculty in case of illness, accident, or emergency, if for some reason the parent or legal guardian cannot be reached.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Physician/ Health Resource: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child had: \_\_\_\_\_ surgery \_\_\_\_\_ asthma \_\_\_\_\_ serious illness \_\_\_\_\_ burns \_\_\_\_\_ allergies  
\_\_\_\_\_ convulsions \_\_\_\_\_ other

List all identifying scars, birthmarks, discolorations: \_\_\_\_\_

Special needs of child: \_\_\_\_\_

Instructions regarding toileting: \_\_\_\_\_

Child's habits, fears, etc: \_\_\_\_\_

Previous preschool or group experiences (please list dates): \_\_\_\_\_

**I give permission to consult the child's physician/ health resource listed above in case of an emergency if parent/guardian cannot be reached. I have received a copy of the "Know Your Child's Daycare Center" brochure and a copy of the center's discipline policy.**

\_\_\_\_\_  
Signature of Custodial Parent' Legal Guardian

\_\_\_\_\_  
Date