



8550 North Entry Road
 Baldwinsville, NY 13027
 315-635-2815
 www.radissoncommunity.org

Child Information Form

Name: _____ DOB: _____ M ___ F ___ Nickname: _____

Right or Left Handed: _____ Sitter Name & Phone: _____
(If applicable during school hours or pickup)

Family Information

Child lives with: both parents ___ mom ___ dad ___ guardian and/or step parent ___
(name/relationship)

Address: _____ Primary Phone: _____
(Street) (City) (Zip)

Mother/ Guardian	Name: _____ Cell: _____ Email: _____ Place of Employment: _____ Work Phone: _____
Father/ Guardian	Name: _____ Cell: _____ Email: _____ Place of Employment: _____ Work Phone: _____

Siblings, Names & Ages: _____

Relevant custody information: _____

Health Information

Pediatrician's Name & Number: _____

Current Medications: _____

Allergies & Treatment: _____

Does child receive services for speech, O.T. or P.T.? _____ If yes, please explain.

Service(s): _____ Agency: _____ Start Date: _____

Other concerns or Special Needs: _____

Emergency Contact & Transport Information

Parents will be contacted first. At least ONE emergency contract is required.

Name	Phone 1	Phone 2	Relationship	OK to Transport (Yes or No)

(Signature of Parent or Guardian)

(Date)