



20630 N. Milwaukee Ave., Deerfield IL 60015
847.465.8080 phone 847.465.6171 facsimile

General Information Form

1. Child's Name: _____ Birth Date: _____

2. Parent's Name: _____

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

e-mail: _____ Mobile Phone: _____

3. Parent's Name: _____

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

e-mail: _____ Mobile Phone: _____

4. Please list Siblings of the child and others living at home:

| Name | Age | Relationship |
|------|-----|--------------|
|------|-----|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Emergency Contacts

Please list three people who may be contacted to care for your child if a parent cannot be reached in an emergency.

| Name | Age | Relationship |
|------|-----|--------------|
|------|-----|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Name of child's Doctor: _____ Phone _____

Doctor's Address: _____

Child's Dentist: _____ Phone _____

7. Do you authorize anyone not listed above to pick up your child?

| Name | Phone |
|------|-------|
|------|-------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |