

Chappell Child Development Center

Child Contact Card

Child's Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Primary Residential Parent: Mother / Father / Both

Mother's Name _____

Contact Phone Numbers: Home _____ Work _____

Cell _____ E-mail Address _____

Place of Employment _____

Father's Name _____

Contact Phone Numbers: Home _____ Work _____

Cell _____ E-mail Address _____

Place of Employment _____

Current Medical Information:

Child's Physician _____ Phone Number _____

Allergies _____

Other conditions (asthma, special needs, etc.) _____

Others to contact and/or allowed to pick up child:

Contact Pick Up

Name _____ (hm) _____ (wk) _____

Name _____ (hm) _____ (wk) _____

Name _____ (hm) _____ (wk) _____

Completed by: _____ Date: _____