



Personal Information Form for children attending home childcare

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|--|--|
| Child's Last Name: | Child's First Name: |
| Date of Birth: ____/____/____ dd mm yyyy | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Mother's Name: | Father's Name: |
| Home Address: | Home Address: |
| City: | City: |
| Postal Code: | Postal Code: |
| Home Phone: () - | Home Phone: () - |
| E-mail: | E-mail: |
| Emergency Contact Name: | Relationship: |
| Home Address: | City: |
| Postal Code: | Cell phone number |

Consent to photo and social media sharing: Yes ☐ No ☐

Consent for your child to walk around the neighborhood? Yes ☐ No ☐

Parent's Signature