

Childcare Information Form Graduation 2018

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Person requesting childcare if not
parent/guardian: _____

Relationship to child if not
parent/guardian: _____

Mobile Phone number of person dropping off child: _____
Text okay? Yes No

Other emergency contact name: _____

Phone number: _____

Name of graduate: _____

Known allergies or important medical
Information*: _____

*if the child has a food allergy or should not be given a snack/water please let
childcare provider know

Other information childcare providers should know about the
child: _____

Items left with child (diaper bag, backpack, sippy cup,
etc): _____
