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| --- | --- |
| Full name of your child: |  |
| Date of birth: |  |
| Address: |  |
| Mother´s name: |  |
| Phone number: |  |
| Mother´s home address: (if different than child’s) |  |
| Mother´s occupation: |  |
| Father´s name: |  |
| Phone number: |  |
| Father´s home address: (if different than child’s) |  |
| Household situation: (describe the situation in your family – parents live together, are separated, currently in separation process, foster family etc.)  |  |
| Emergency contact: |  |
| Child’s pediatrician contact:  |  |
| If needed, preferred hospital:  |  |
| Person allowed to pick up your child from Handprints: |  |
| Information, about your child: |  |
| Allergies, medication your child takes (in case of any, separate report needs to be filled out): |  |
| Health status, undergone surgeries, injuries, etc.: |  |
| e-mail addresses: |  |
| Start date and type of program(part-time, full-time) |  |
| Parents signatures:Date: |  |