

Immanuel Lutheran Child Development Center
Child Information Record Update

Child's Full Name _____ Date _____.

Primary Caregiver:

Parent/Guardian Name _____ Age _____.

Birth Date _____ Social Security Number _____.

Address _____ Home Number _____.

(Street) (City) Cell Phone _____.

Occupation _____ Employer _____.

Work Hours _____ Work Phone _____.

Emergency Contact _____ Phone Number _____.

Secondary Caregiver:

Parent/Guardian Name _____ Age _____.

Birth Date _____ Social Security Number _____.

Address _____ Home Number _____.

(Street) (City) Cell Phone _____.

Occupation _____ Employer _____.

Work Hours _____ Work Phone _____.

Emergency Contact _____ Phone Number _____.