

Immanuel Lutheran Child Development Center  
Child Information Record Update

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_.

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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 \_\_\_\_\_.