



1604 West 1st Street Ankeny, IA  
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<https://acaeagles.net>

## Child's Information

Child's Name \_\_\_\_\_ Name Usually Called \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (Relationship) \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Scheduled Hours: \_\_\_\_\_ Days attending: **M T W T H F**  
(Please circle)

Has your child been in child care in the past? Please explain: \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Are there any other children at home? Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Is there any information that might be helpful in understanding your child? \_\_\_\_\_

\_\_\_\_\_

Does your child need help: \_\_\_ Dressing or undressing \_\_\_ Washing hands  
\_\_\_ Eating \_\_\_ Using the restroom

Does your child usually nap? Yes No How long? \_\_\_\_\_

What special interests does your child have? \_\_\_\_\_