

**GUILFORD COLLEGE UNITED METHODIST CHURCH**

1205 Fleming Road \* Greensboro, NC 27410 \* (336) 292-5833

**CHILD CARE INFORMATION FORM**

Child's Name \_\_\_\_\_  
                                    First                                    Middle                                    Last

Name Goes By \_\_\_\_\_

Address \_\_\_\_\_  
                                    Street or PO Box                                    City                                    State                                    Zip

Home Phone \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Age \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Who lives at home with the child?

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Allergies (food/medication) \_\_\_\_\_  
\_\_\_\_\_

Other special instructions for care providers/staff \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Location \_\_\_\_\_  
(Where will parent/guardian be located if needed while child is in church's care?)