

BETHLEHEM CHILD DEVELOPMENT CENTER
A MINISTRY OF BETHLEHEM BAPTIST CHURCH
416 BETHLEHEM ROAD
MIDLAND CITY, AL 36350
334-673-4980

Information Sheet

Child's Name: _____
Child goes by: _____

Sex: _____ Date of Birth: _____ Age: _____
Is your child Right or Left Handed? RIGHT LEFT

Address: _____

School Last Attended: _____
Church now attending: _____
Does your child attend Sunday School? YES NO
Please list names and ages of siblings: _____

Medical Information

Please CHECK all that apply:

****Parents MUST notify us of any allergies or drug interactions that our staff needs to be aware of. If your child has a food allergy, please fill out our Food Allergy Action Plan****

_____	Asthma	_____	Allergies
_____	Reaction to Insect Bites	_____	Nose Bleeds
_____	Digestive Problems	_____	Urinary Problems
_____	ADD/ADHD	_____	Seizures

Health Insurance: _____ Policy # _____

Please list and describe any pertinent information regarding steroids or antibiotics or any other medicines your child may be taking. (Note: Some medications may cause enhanced reactions in the sunshine or in any environment that your child might be in during our care.)

Emergency Authorization: I give permission for the Bethlehem Child Development Center to obtain medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (Note: In the event of an emergency, the Center will call 9-1-1)

Parent/Guardian Signature

Date