



DISCOVER MAGICAL MOMENTS DAYCARE CENTER

Helpful Information

Child's name: _____

Parent/Guardian's name: _____

Allergies (food/medication/bee-stings)

Is there a custody issue concerning this child? (If yes please include appropriate documentation including custody order)

Siblings (include ages, names and male or female)

Primary Language: _____

Sleeping schedule: _____

Toilet schedule: _____

Special needs/interests:

School attending: _____

Does your child have any conditions that would limit their daily activities? Yes or NO

Any other information that would be helpful to your child's Teacher's
