



# New Infant/Toddler Admission Slip

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Program: Exact days attending and time of drop off and pick-up \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Any medical alerts/problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any allergies/food restrictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_