



# Ankeny Christian Academy Child Care

1604 West First Street  
Ankeny, Iowa 50023-2525

Telephone (515) 963-9933  
Fax (515) 965-8210

## Child's Information

Date \_\_\_\_\_

**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 TH 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 the 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? \_\_\_\_\_