

LANETTE L. SUTTLES CHILD DEVELOPMENT CENTER Date _____

CHILD

Name _____
Birth Date _____ Sex _____ Race _____

PARENTS

Mother _____ SSN _____
Address _____

City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ May pick up child? Yes _____ No _____

Father _____ SSN _____
Address _____

City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ May pick up child? Yes _____ No _____

EMERGENCY DATA

Doctor _____ Phone _____
Contact Name (Other than parents) _____ Relation _____

Address _____ Phone _____
Allergies or chronic illness? Yes _____ No _____ If yes, describe _____

Medication given for above _____

Grady Memorial Hospital is the emergency medical facility used by the Lanette L Suttles Development Center.

CHILD'S SCHEDULE AT THE CENTER

Day	From	To	Day	From	To	Day	From	To
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

MOTHER'S SCHEDULE

Class	Begins	Ends	Room	Days of Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other locations (be specific) _____

FATHER'S SCHEDULE

Class	Begins	Ends	Room	Days of Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other locations (be specific) _____