



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500
Email info@cotlchildcare.com

INFORMATION FOR YOUR CHILD'S TEACHER

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: _____

Address: _____ (Street)
_____ (City, State)
_____ (Zip Code)

Home Phone Number: _____

Mother's Name: _____ Cell # _____
Occupation: _____ Work # _____

Father's Name: _____ Cell # _____
Occupation: _____ Work # _____

Who to contact 1st if your child is ill?
_____ # _____

Parents: Married Separated Divorced Other
(Please Circle)

Siblings:	Name	Age
Brothers:	_____	_____
	_____	_____
Sisters:	_____	_____
	_____	_____