



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

YOUR FAMILY INFORMATION For Your Teacher

Date: _____

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

Date of Birth: _____ Gender: M F

Address: _____ (Street)
_____ (City) OH _____ (Zip Code)

Who to contact 1st if your child is ill?

Name: _____ Cell # _____

Home Phone #: _____

Parents:

Mother's Name: _____ Cell # _____

Occupation: _____ Work # _____

Father's Name: _____ Cell # _____

Occupation: _____ Work # _____

Parents: Married Separated Divorced Other
(Please Circle)

Siblings:

Brother/Sister	_____	Age _____
Brother/Sister	_____	Age _____
Brother/Sister	_____	Age _____
Brother/Sister	_____	Age _____