

K-Care Child Info Sheet 09/10

Child's Name

Nickname

D.O.B _____

Allergies/Foods to Avoid

My Child will attend K-Care on (please circle)

Monday Tuesday Wednesday Thursday Friday

After K-Care my child will go to... (please circle)

Batya or Kiley's Class Mrs. Butterfield's Class

Home Y Care Other _____

I would like you to know the following about my child.

please use the back of this page