Nova Southeastern University's Family Center Preschool and Infant & Toddler Program
The Jim & Jan Moran Family Center Village
3301 College Avenue Ft. Lauderdale, FL 33314-7796
(954)262-6900 Fax (954) 262-3937
Board of County Commissioners, Broward County, Florida
Children Services Administration
Child Care Licensing and Enforcement Section

CHILD INFORMATION FORM (#1)

Student's Name: _____ Sex**:** ___ Male ___Female
First Middle Last
Student's home address: _____

City: _____ Zip**:** _____ Date of birth: _____

Primary email address to be used for school communication: _____

Parent 1 Name: _____
Address (If different from Above): _____
Home phone: _____ Work Phone: _____ Cellular: _____
Name of Employer: _____ Occupation: _____

Parent 2 Name: _____
Address (If different from Above): _____
Home phone: _____ Work Phone: _____ Cellular: _____
Name of Employer: _____ Occupation: _____

Child's Physician:_____ **Phone**:_____
Allergies and/or health concerns:_____
Does your child take any medication regularly: YES NO Specify:_____
May we call the above physician if parent/guardian cannot be reached? YES NO

Other persons to be notified in case of illness or accident (if for some reason, the custodial parent or legal guardian cannot be reached:
Name: _____ Relationship: _____
Cellular Number: _____ Work: _____Home:_____

Name: _____ Relationship: _____
Cellular Number: _____ Work: _____Home:_____

Other persons authorized to remove child from school:
Name: _____ Relationship: _____
Cellular Number: _____ Work: _____Home:_____

Name: _____ Relationship: _____
Cellular Number: _____ Work: _____Home:_____

Persons not permitted to remove child (A copy of legal document i.e. court order must be on file and resubmitted each year)
Name: _____ Relationship: _____

Identification Password Code: _____ (*Child Care Licensing requires a passcode. This password will be used when a new or unfamiliar individual must pick your child up from school. Please choose a code word that is less than 12 letters or numbers)*

Parent/Guardian Signature

Print: _____ Signature: _____ Date: _____

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Mailman Segal Center for Human Development