



**CHILD CARE PROVIDER'S INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT:** *If none of the above are available, person to call in case of an emergency:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**CHILD'S FORMER SCHOOL:**

\_\_\_\_\_  
School's Name

School's Address: \_\_\_\_\_  
Street City State Zip Code

Grade Last Attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Reason for Transferring: \_\_\_\_\_

**Please check below indicating if your child has received any of the following additional services at their previous school:**

\_\_\_\_\_ **Individual Education Program (IEP)**

\_\_\_\_\_ **504 Plan**

\_\_\_\_\_ **Resource Room**

\_\_\_\_\_ **Self-contained Special Ed Classroom (15:1:1, 12:1:1, 8:1:1)**

**PLEASE LIST OTHER CHILDREN AND/OR ADULTS IN HOUSEHOLD:**

Child's Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adult's Name	Relationship to child
_____	_____
_____	_____
_____	_____