Demographic Information Sheet

Today's date: _____

Child's name (first/middle/last): _____

Child's date of birth (MM/ DD/YYYY): _____ / _____ / _____

If child was born premature, # of weeks premature: _____

Child's gender: ○ Male   ○ Female

Child's race/ethnicity: _____

Child's birth weight (pounds/ounces): _____

Parent/primary caregiver's name (first/middle/last): _____

Relationship to child: _____

Street address: _____

City: _____

State/province: _____ ZIP/postal code: _____

Home telephone: _____ Work telephone: _____

Cell/other telephone: _____

E-mail address: _____

Child's primary language: _____

Language(s) spoken in the home: _____

Child's primary care physician: _____

Clinic/location/practice name: _____

Clinic/practice mailing address: _____

City: _____

State/province: _____ ZIP/postal code: _____

Telephone: _____ Fax: _____

E- mail address: _____

Please list any medical conditions that your child has: _____

_____

Please list any other agencies that are involved with your child/ family:

_____

_____

Program Information

Child ID #: _____

Date of admission to program: _____

Child's adjusted age in months and days (if applicable): _____

Program ID #: _____

Program Name: _____