

IMPORTANT CHILDREN'S INFORMATION

Complete this form for each of your children. Keep it in a safe place along with your children's documents such as birth certificates, immunization records, school records, passports, and any documents about your child's care.

Child's Name	
Date of Birth	
Parent 1 name, contact information, employer	
Parent 2 name, contact information, employer	
Child's cell phone number	
School name, address, phone number	
Teacher's name, email address, phone number	
Classroom number	
Afterschool program name and phone number	
Other programs child participates in (sports, clubs, etc.)	
Allergies	
Medical conditions and important medical history	
Doctor's name, address, phone number	
Dentist's name, address, phone number	

Other health care provider (name, address, phone number)	
Health Insurance or MaineCare (company/agency, coverage number)	
Financial benefits received for child (TANF, SNAP, SSI)	
Other relatives (name, relationship, contact information)	
Other emergency contact (name, relationship, contact information)	
Other important information	