Date of Admission Date of Discharge	Allergi	es	CHILD INFORMATION CARD Good Shepherd Early Childhood Center 4800 S. Southeastern Ave Sioux Falls, SD 57103				
Date of Discharge							
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apt Number)				
Child's Date of Birth	Home	Phone	City	State	Zip Code		
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's	Mother/Legal Guardian's Name			
Home Address (If not child's address)		Cell Phone	C		Cell Phone		
City	State	Zip Code	City	State	Zip Code		
Employer / School Name	Employer / School Name			Employer / School Name			
Address (Employer/School	ι)		Address (Employer/School)				
City	State	Zip Code	City	State	Zip Code		
Employer/School Phone	Daily Wo	ork/School Times	Employer/School Phone	Daily W	Daily Work/School Times		
Date of Admission	Allergi	ies	CHILD INFORMATION CARD Good Shepherd Early Childhood Center				
4			Good Stiephera E	arıy 🗀			
Date of Discharge			4800 S. Southeastern A	Ave Sio	oux Falls, SD 57103		
Date of Discharge Name of Child (Last, First, I	Middle Initia	al)	4800 S. Southeastern Address (Number and Stre		·		
Ü	Middle Initia	, 			·		
Name of Child (Last, First, I	Home	, 	Address (Number and Stre	State	ng/Apt Number)		
Name of Child (Last, First, I Child's Date of Birth	Home Tame	Phone	Address (Number and Stree	State	ing/Apt Number) Zip Code		
Name of Child (Last, First, I Child's Date of Birth Father/Legal Guardian's N	Home Tame	Phone Home Phone	Address (Number and Stree	State	zip Code Home Phone		
Name of Child (Last, First, I Child's Date of Birth Father/Legal Guardian's N Home Address (If not child	Home	Phone Home Phone Cell Phone	Address (Number and Stree City Mother/Legal Guardian's	State Name	Zip Code Home Phone Cell Phone		
Name of Child (Last, First, I Child's Date of Birth Father/Legal Guardian's N Home Address (If not child City	Home : I's address) State	Phone Home Phone Cell Phone	Address (Number and Stree City Mother/Legal Guardian's City	State Name	Zip Code Home Phone Cell Phone		
Name of Child (Last, First, I Child's Date of Birth Father/Legal Guardian's N Home Address (If not child City Employer / School Name	Home : I's address) State	Phone Home Phone Cell Phone	Address (Number and Stree City Mother/Legal Guardian's I City Employer / School Name	State Name	Zip Code Home Phone Cell Phone		

I give permission to	(Provider's Name)	to secure en	nergency med	lical and/or	
emergency surgical treatmen	t my child	while in their care.			
Signature of Parent or Guardia	an		Date Signed		
Name of Child's Physician or	Health Clinic	Physician's or Health Clinic's Phone Number			
Date of Last DTaP (Diptheria,	tetanus, pertussis) Shot	Hospital Preferred for Emergency Treatment			
Emergency Contact (other tha	ın parent)	Local Address of Emergency Contact			
Home Number	ome Number Cell Number			Zip Code	
Special Need / Instructions:	I	l		1	
	(Provider's Name)		nergency med	lical and/or	
		while in their care.	I		
Signature of Parent or Guardia	an	Date Signed			
Name of Child's Physician or	Health Clinic	Physician's or Health Clinic's Phone Number			
Date of Last DTaP (Diptheria,	tetanus, pertussis) Shot	Hospital Preferred for Emergency Treatment			
Emergency Contact (other than	n parent)	Local Address of Emergency Contact			
Home Number	Cell Number	City, State		Zip Code	
Special Need / Instructions:	•	•		•	
Name(s) of Person other than	Parent or Legal Guardian to v	whom child may be released			