

Little Folks



School

**Little Folks School, Inc.  
3247 Q Street, NW  
Washington, DC 20007**

**Little Folks School Background Information 2021-2022**

**\*Please fill out all sections\***

Child's Name: \_\_\_\_\_

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

Home Phone \_\_\_\_\_

**Parent #1**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent #2**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Nanny/Babysitter/Other Caregiver**

Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Local emergency contacts: (other than parents)**

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Family Background Information**

Please tell us about your family (who lives in your home, unique family situations, recent changes in your family):

Other Children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Health Record:

Allergies \_\_\_\_\_

Serious illness or accidents \_\_\_\_\_

Health Concerns:

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Other \_\_\_\_\_

Name of Physician: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Any other necessary information: