CHILDREN'S DISCOVERY CENTER
5511 AVENT FERRY ROAD
RALEIGH, NC 27606
(919) 851-0630 FAX: (919) 851-0434

PERSONAL INFORMATION SHEET

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____

MOTHER'S NAME: _____ CELL: _____

MOM E-MAIL ADDRESS: _____ WORK: _____

FATHER'S NAME: _____ CELL: _____

DAD E-MAIL ADDRESS: _____ WORK: _____

DOCTORS NAME: _____ PHONE: _____

ANY MEDICATED ALLERGIES? YES _____ NO _____

PLEASE LIST: _____

MEDICATION TAKEN ON A REGULAR BASIS:_____

_____

SPECIAL DIETARY CONCERNS: _____

_____

ANY COMMENTS OR SUGGESTIONS REGARDING YOUR CHILD THAT MAY HELP US:

_____

SPECIAL ACTIVITIES HE/SHE MAY ENJOY:

_____

_____ _____
Parent/Guardian Signature Date Signed