

**Catholic Charities Support Circle for Homeless Families**  
**Childcare for Jobs for Life**  
**March – May 2017**

Parent/Guardian: \_\_\_\_\_

Child Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Age: _____ Birthdate: __/__/__	Grade: _____
School: _____	
<input type="checkbox"/> Food Allergy <input type="checkbox"/> Medication Usage <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Talents (sing, sports, instruments, etc.)	
Please explain and provide other information that would help us care for your child or you feel is relevant:	

Child Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
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Please explain and provide other information that would help us care for your child or you feel is relevant:	

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

Boy  Girl

Age: \_\_\_\_ Birthdate: /\_\_/\_/\_\_\_\_ Grade: \_\_\_\_

School: \_\_\_\_\_

Food Allergy       Medication Usage       Behavioral Issues       Learning Disabilities

Talents (sing, sports, instruments, etc.)

Please explain and provide other information that would help us care for your child or you feel is relevant:

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

Boy  Girl

Age: \_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_

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Food Allergy       Medication Usage       Behavioral Issues       Learning Disabilities

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

Boy  Girl

Age: \_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Grade: \_\_\_\_

School: \_\_\_\_\_

Food Allergy     Medication Usage     Behavioral Issues     Learning Disabilities

Talents (sing, sports, instruments, etc.)

Please explain and provide other information that would help us care for your child or you feel is relevant:

Use back of form as needed.

For children 5 and under, please provide diapers, wipes, and a change of clothing.

**Additional Information:**

What school do your children attend? What time are they served lunch?

What transportation do you plan on using to get to class?