

Little Sweethearts

Plot 22930 Matandiko Road
Lusaka City, Zambia
+(260) 973 - 883-302

Day Care School New Student Record Form



Last Updated : October 17, 2023

Child Information

#	REQUIRED	INPUT HERE/ WRITE HERE
1	Child's full name	
2	Date of birth	
3	Gender	
4	Nationality	
5	Mother's full name	
6	Father's full name	

7	Parent(s) contact information (phone number, email address)	
8	Emergency contact information (name, relationship to child, phone number)	

Medical Information

#	REQUIRED	INPUT HERE/ WRITE HERE
9	Child's immunization records	
10	Any allergies or medical conditions	
11	Any medications the child is taking	
12	Physician's contact information	

Developmental Information

#	REQUIRED	INPUT HERE/ WRITE HERE
13	Child's current developmental stage	
14	Any special needs or concerns	

Other Information

#	REQUIRED	INPUT HERE/ WRITE HERE
15	Child's favorite activities	
16	Any dietary restrictions	
17	Any other relevant information	

Parent/Guardian Information

#	REQUIRED	INPUT HERE/ WRITE HERE
18	Parent/guardian's full name	
19	Parent/guardian's relationship to child	
20	Parent/guardian's contact information (phone number, email address)	
21	Parent/guardian's employment information (workplace name, address, phone number)	

Consent and Authorization

- I, the parent/guardian of the above-named child, hereby authorize Little Sweethearts Day Care to provide my child with care and supervision.
- I understand that Little Sweethearts Day Care may need to share my child's information with other professionals, such as doctors, nurses, and teachers, in order to provide my child with the best possible care.
- I give my consent for Little Sweethearts Day Care to provide emergency medical treatment to my child if needed.