

The Learning Tree Daycare and Preschool

PHOTO

Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Birthmarks: _____

Gender: _____

Race: _____

Parents Name(s): _____

Address: _____

Contact Information

House Number: _____

Work Number: _____ Ext.: _____

Cell Phone(s): _____

Relatives (in order you would like us to call)
