# MEDICAL RECORD

 **KINGDOM KIDS DAY CARE & ACADEMY**

 **2001 N Valley Mills Dr Waco, TX 76710 254-772-5145**

**Name of Child:** Date of Birth:

# Mother’s Name

Address

Home Phone Number Work Phone Number

Cell Phone E-mail Address:

# Father’s Name

Address

Home Phone Number Work Phone Number

Cell Phone E-mail Address:

# Physician’s Name

Address

Phone Number

# Dentist’s Name

Address

Phone Number

# Insurance Information

**Child’s Medical Record Number**

Chronic Illnesses

Allergies

Current Medications

# Additional Information:

**Please note:** Complete Immunization records must be on file prior to your child’s first day of enrollment.