



Parent Training & Information

CHILD INFO SHEET

Child's Full Name: _____

Home address: _____

Contact 1: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Contact 2: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Contact 3: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Doctor: _____

Phone: _____

Email: _____

Doctor: _____

Phone: _____

Email: _____

Insurance Company: _____ **Policy:** _____

Phone: _____

Medication: _____

Allergies: _____

The contents of this resource were developed under a grant from the U.S. Department of Education, #H328M200055. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.





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CHILD INFO SHEET

Regional Center Service Coordinator: _____

Phone: _____

Email: _____

Early Intervention Agency: _____

Phone: _____

Email: _____

Early Interventionist (Teacher): _____

Phone: _____

Email: _____

_____ :

Phone: _____

Email: _____

_____ :

Phone: _____

Email: _____

_____ :

Phone: _____

Email: _____

_____ :

Phone: _____

Email: _____

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