

Kidz-IDz
Picture them safe.
Child Profile Sheet

AFFIX
COLOR
PHOTO
HERE

NAME _____

Nickname _____ Gender (M or F) _____

D.O.B. _____ Social Security Number _____

Height _____ Weight _____

Eye Color _____ Hair Color _____

Glasses (Y or N) _____ Contacts (Y or N) _____

Braces (Y or N) _____ Right or Left Handed _____

Identifying Marks, such as permanent scars, birthmarks, piercings, tattoos, etc
(include photo if possible) _____

CONTACT INFORMATION

Child's Home Street Address _____

City _____ State _____ Zip _____

Closest Intersection _____ Home Phone (_____) _____

Child's Cell Phone Number _____ Voicemail Passcode _____

PARENTAL INFORMATION

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Custodial Parent? YES NO N/A Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Car Make _____ Model _____

VIN _____ License Plate _____

Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Custodial Parent? YES NO N/A Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Car Make _____ Model _____

VIN _____ License Plate _____

If applicable, provide custody papers, relevant court orders, child's certified or original birth certificate.

Emergency Contact Name _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

MEDICAL INFORMATION

Medical Conditions _____

Current Medications & Drug Dependencies _____

Allergies _____ Blood Type _____

Broken Bone History _____

Doctor's Name _____ Doctor's Phone (____) _____

Dentist's Name _____ Dentist's Phone (____) _____

ONLINE ACTIVITY

Facebook Login _____ Password _____

My Space Login _____ Password _____

Twitter Login _____ Password _____

IM Screen Name _____ Password _____

Email Address _____ Password _____

Other (ie: blogs) _____

Online Gamer Tag _____ Game Systems _____

FRIENDS & ACQUAINTANCES

1. Friend Name _____ Gender _____
Address _____
Home Phone (____) _____ Cell Phone (____) _____
2. Friend Name _____ Gender _____
Address _____
Home Phone (____) _____ Cell Phone (____) _____
3. Friend Name _____ Gender _____
Address _____
Home Phone (____) _____ Cell Phone (____) _____
4. Friend Name _____ Gender _____
Address _____
Home Phone (____) _____ Cell Phone (____) _____

BEFORE & AFTER SCHOOL CARE INFORMATION

Name of Program _____ Phone Number (____) _____

Owner/Director Name: _____

AM Start Time _____ AM Dismissal Time _____

Bus Number _____ Pick-up Time _____ Drop-off Time _____

PM Start Time _____ PM Dismissal Time _____

Bus Number _____ Pick-up Time _____ Drop-off Time _____

SCHOOL INFORMATION

Name of School _____ Phone Number (____) _____ Grade _____

School Start Time _____ School Dismissal Time _____

Bus Number To School _____ Bus Number From School _____ Bus Stop Address _____

Pick-up Time _____ Drop-off Time _____

Name of Other Students at Bus Stop _____

If Walker, Route To & From School _____

Home Room Teacher Name _____

Principal Name _____

School Activities _____

GROUP/TEAM INFORMATION

1. Group/Team Name _____
Group Leader/Coach Name _____ Phone Number (____) _____
Meeting/Practice Schedule _____
2. Group/Team Name _____
Group Leader/Coach Name _____ Phone Number (____) _____
Meeting/Practice Schedule _____
3. Group/Team Name _____
Group Leader/Coach Name _____ Phone Number (____) _____
Meeting/Practice Schedule _____
4. Group/Team Name _____
Group Leader/Coach Name _____ Phone Number (____) _____
Meeting/Practice Schedule _____

CAMP INFORMATION

Name of Camp _____ Phone Number (____) _____ Bunk/Group _____
Owner/Director Name: _____
Start Time _____ Dismissal Time _____
Bus Number _____ Pick-up Time _____ Drop-off Time _____
Driver Name _____

EMPLOYMENT INFORMATION (if applicable)

Employer Name _____ Phone Number (____) _____
Manager's Name _____ Location _____
Schedule _____