



MIAMI BAPTIST SCHOOL

DEMOGRAPHIC INFORMATION SHEET

Today's Date: _____

Child's Name (First/Middle/Last): _____

Child's Date of Birth (MM/DD/YYYY): ____/____/____

If Child was Premature, # of Weeks Premature: _____

Child's Gender: M F

Child's Race/Ethnicity: _____

Child's Birth Weight (Pounds/Ounces): _____

Parent/Primary Caregiver's Name (First/Middle/Last): _____

Relationship to the Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell/Other Telephone: _____

Email Address: _____

Child's Primary Language: _____

Language(s) Spoken in the Home: _____

Child's Primary care physician: _____

Clinic/location/practice name: _____

Clinic/Practice mailing address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____

Email Address: _____

Please list any medical conditions that your child has: _____

Please list any other agencies that are involved with your child/family: _____
