**Catholic Charities Support Circle/Jobs for Life**

**Childcare Information**

**2018**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Boy ❑ Girl  Age: \_\_\_\_ Birthdate:\_\_/\_\_\_/\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time are they served lunch? \_\_\_\_\_\_\_\_\_\_  □ Food Allergy □ Medication Usage □ Behavioral Issues □ Learning Disabilities □ Talents (sing, sports, instruments, etc.)  Please explain and provide other information that would help us care for your child or you feel is relevant: |
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| Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Boy ❑ Girl  Age: \_\_\_\_ Birthdate:\_/\_\_\_/\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time are they served lunch? \_\_\_\_\_\_\_\_\_\_\_  □ Food Allergy □ Medication Usage □ Behavioral Issues □ Learning Disabilities □ Talents (sing, sports, instruments, etc.)  Please explain and provide other information that would help us care for your child or you feel is relevant: |
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