

Sweet Dreams Academy & Child Care

Parent/Guardian Updated Information Sheet

Date: _____

Please Print

Primary Payer

Parent/Guardian Name: _____
First MI Last

Home Address: _____
Street City State Zip

e-mail: _____

Social Security#: _____

Place of Employment: _____

Work Address _____
Street City State Zip

Phone Home _____

Cell _____

Work _____

Please Print			
Child's Name:	_____	_____	_____
	First	MI	Birthdate
Child's Name:	_____	_____	_____
Child's Name:	_____	_____	_____
Child's Name:	_____	_____	_____

Secondary Payer

Parent/Guardian Name: _____
First MI Last

Home Address: _____
Street City State Zip

e-mail: _____

Social Security#: _____

Place of Employment: _____

Work Address: _____
Street City State Zip

Phone Home _____

Cell _____

Work _____

Signature: _____ Date: _____

Please Sign and Date

The people on this form will have access to all account records for these children and are responsible for all financial matters pertaining to these children.