

Little Lambs of Evansville – Client Information Sheet

Today's Date: _____

Mom First Name _____ M.I. _____ Last _____

Dad First Name _____ M.I. _____ Last _____

Your Birthdate _____ Primary Caregiver? Yes No

Relationship to the child: Mother, Father, Parent, Grandparent, Guardian/Foster Parent, Other _____

E-mail _____

Cell Phone Number (_____) _____ Home Phone Number (_____) _____

If you prefer an interpreter, what languages do you speak? _____

Do you have a friend or family member who can be an interpreter? _____

(We have a Spanish-speaking interpreter by appointment.)

Ethnicity: Latino or Hispanic

Race: Black /African American White/ Caucasian American Indian or Alaska Native
 Asian American Pacific Islander Other _____ Declined

Street Address _____ City _____

State _____ Zip Code _____ County _____

Total Number of people that live in your house? _____

Household Annual Income: _____

I am pregnant now Due Date _____ / _____ / _____

Child Name _____ Birthdate _____ / _____ / _____

Child Name _____ Birthdate _____ / _____ / _____

Child Name _____ Birthdate _____ / _____ / _____

Child Name _____ Birthdate _____ / _____ / _____

Little Lambs Liability

I will not hold Little Lambs of Evansville, Inc, its staff, volunteers, or anyone who may be associated with Little Lambs of Evansville, Inc. responsible for any injury or death that may occur as a result of using any product received from Little Lambs of Evansville, Inc. or from the education received at Little Lambs of Evansville, Inc.

Signed by Client _____

Witness _____ (Staff or Adult Volunteer)