

# Medical Insurance Information



Little Ones Preschool, Inc.  
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The National Association for the Education of Young Children (NAEYC) requires that we have current medical insurance information on file for all children. So please complete the following and return with your child's paperwork.

Child's Name: \_\_\_\_\_

Complete name of insurance company: \_\_\_\_\_

Address and/or phone number of insurance co: \_\_\_\_\_

\_\_\_\_\_

Is this a PPO? \_\_\_\_\_ If so, please provide PPO name: \_\_\_\_\_

Policy Holder's name as it appears on card: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Group #: \_\_\_\_\_ Group Name: \_\_\_\_\_

**You can also copy both sides of your insurance card and attach to this form.**