

To Be Completed & Signed by Parent or Guardian

Please make copies of form if more than one child in family

Child's Name:			First	Middle	Last	Grade	Home phone
							()
Child's Home Address:		Number	Street	City	State	ZIP	Gender Birthdate
Father's Name:			First	Middle Initial	Last	Work phone	Cell phone
						()	()
Father's Home Address:		Number	Street	City	State	ZIP	Home phone
							()
Mother's Name:			First	Middle Initial	Last	Work phone	Cell phone
						()	()
Mother's Home Address:		Number	Street	City	State	ZIP	Home phone
							()
Person Responsible for Child:			First Name	Last Name	Home / Work / Cell phone		Home / Work / Cell phone
					()		()

Additional Persons Who May Be Called In An Emergency

First and Last Name	Address	Relationship	Home / Work / Cell phone
			()
First and Last Name	Address	Relationship	Home / Work / Cell phone
			()
First and Last Name	Address	Relationship	Home / Work / Cell phone
			()
First and Last Name	Address	Relationship	Home / Work / Cell phone
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Physician or Dentist To Be Called In An Emergency

Physician: First and Last Name	Address	Medical Plan & Number	Phone
			()
Dentist: First and Last Name	Address	Medical Plan & Number	Phone
			()
If Physician Cannot Be Reached, What Action Should Be Taken? <input type="checkbox"/> Call Emergency Hospital <input type="checkbox"/> Other (use space below to explain):			

Names of Persons (In Addition to Parents) Authorized To Take Child From Daycare

~ Child will NOT be allowed to leave with any other person without prior WRITTEN authorization from Parent or Guardian ~

First and Last Name	Relationship	Home / Work / Cell phone
		()
First and Last Name	Relationship	Home / Work / Cell phone
		()
First and Last Name	Relationship	Home / Work / Cell phone
		()
First and Last Name	Relationship	Home / Work / Cell phone
		()
First and Last Name	Relationship	Home / Work / Cell phone
		()

Signature of Parent or Guardian

Date