

ТО	Be Completed EVERY Year	r by Parent or Guardia	n Please	make copies of this form if th	ere are more than three (3) o	children in the family	
- +	Child's First Name:		ne (if different than Family	Name)	Gender	Grade	
5	Significant Health Information: (i.e. Allergies)						
7 .	hild's First Name:		Last Name (if different than Family Name)			Grade	
± 5	Significant Health Information: (i.e. Allergies)						
2 + 2	Child's First Name:	Last Nan	ne (if different than Family	Name)	Gender	Grade	
5	Significant Health Information: (i.e. Allergies)	Chart City 710					
om	ne Address: Number	Street C	ity	State	ZIP Home phone (
S .	Parents or Guardians ~	First Persons Who Will Be	Called In An EMI	ERGENCY: authorized	to sign child(ren) out	of Daycare	
Guai	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ce	ell phone	
השוב	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ca	ell phone	
ilirout prior Writtlen authorization nom	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ce	ell phone	
ווובוא ממנוו	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ca	ell phone	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Additional Persons Who May Be Called In An Emergency: authorized by Parents to sign child(ren) out of Daycare						
יוויטמו שוויו	First and Last Name		hip to child(ren)	Home / Work / Cell phone	Home / Work / Ce		
er person m	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ce	ell phone	
lo leave with any other person	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ce	ell phone	
ממיע	Additional "Non-Emergency" Persons: authorized by Parents to sign child(ren) out of Daycare						
	First and Last Name		ship to child(ren)	Home / Work / Cell phone	Home / Work / Ce		
allOwed				()	()		
	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ca	ell phone	
orinu(ren) will NOT be	First and Last Name	Relations	hip to child(ren)	Home / Work / Cell phone	Home / Work / Ca	ell phone	
	As Parent or Guardian, I A	cknowledge That It Is I	My Responsib	ility To Inform Day	care In Writing Of	Changes	
Signature						Date	