

Contact Information

Child's Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

Mother's Name: _____

Address: _____

Work Number: _____ Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Position Held: _____

Father's Name: _____

Address: _____

Work Number: _____ Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Position Held: _____

Other's Living in the home: _____

Please initial in the appropriate spaces if you give permission for the following (these are also in the contract with more description)

Child's Name:	Yes	No
Walking Field Trips in Neighborhood		
Water Play at Center – wading pools		
Administer Medications		
Picture/Video for publicity		
Picture/Video for center		
Picture/Video for church		
Van Field Trips		

Contact Information

Child's Doctor: _____ Dr's Phone Number: _____

Emergency Pickup Information:

Please list people we should call in case of an emergency – give name, address and phone # and how the child knows the person – ex. Grandma. There are three spaces here, but you do not have to put three people down unless you want to:

#1 _____

#2 _____

#3 _____

People authorized to pick up child: (give phone #'s and how the child knows the person)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Special Information: (ex. Allergies, guardianship, etc)