



Identification and Emergency Information

Child's Name _____ Birthdate _____
(Last) (First) (Middle)

Mother/guardian _____ Cell Phone _____
(Include Maiden Name)

Home Address _____
(Street) (City/State) (Zip Code) (Home Phone)

Employment _____ Dept./Title _____

Phone _____ Hours _____ E-mail _____

Father/guardian _____ Cell Phone _____

Home Address _____
(Street) (City/State) (Zip Code) (Home Phone)

Employment _____ Dept./Title _____

Phone _____ Hours _____ E-mail _____

Persons authorized to pick up child: Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children. Under no circumstances will your child be released to anyone not known to the school without authorization from parents/guardian.

(Name) (Address) (Phone)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Persons to be called in case of an Emergency other than the child's parents. Please list one out of state contact in case of a natural disaster. Be sure to include someone who will usually know your whereabouts while your child is at the Center.

(Name) (Address) (Phone)

(Name—Out of state contact) (Address—Out of state address) (Phone)

Health Insurance Information: To be used for emergencies.

Insurance _____ Name on Insurance Card _____

Insurance Policy # _____ Emergency Hospital Preference _____