

# Child's Records and Emergency Contact Information



Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Updates \_\_\_\_\_ Date care ceased \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mom's email \_\_\_\_\_

Employer and address \_\_\_\_\_

Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dad's email \_\_\_\_\_

Employer and address \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent's marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**Emergency Contact #1** (\*required; other than parents; also authorized to pick up)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**People Authorized to Pick up (other than parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_