

CHILD INFORMATION CARD

Child's Name _____ Birth Date _____
Last First

Parent or Guardians (Note: unless we are informed otherwise in writing via a custody order or other legal document, both parents listed will be permitted to pick up a child.)

Father _____ Hours worked _____

Home Address _____ Home ph. _____ Work ph. _____

Mother _____ Hours worked _____

Home Address _____ Home ph. _____ Work ph. _____

Residence: Child lives with: Both parents Mother only Father only
 Shared or split custody other _____

Legal Custody: Both parents Mother Father Guardian _____

Emergency: When a parent or guardian can't be reached, the following may be called in an emergency and have permission to remove my child from the center if necessary.

Name: _____ Home ph. _____ Work ph. _____

Name: _____ Home ph. _____ Work ph. _____

Additional person(s) authorized to call for my child: _____

Child's health care provider: Name _____ Phone _____

Address _____

"I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately."

Parent Signature: _____ Date _____