CHILD INFORMATION CARD

CHILD'S NAME	BIRTH DATE	
Last First PARENT OR GUARDIANS [Note: unless we are inform parents listed will be permitted to pick up child]. FATHER Home address MOTHER	Hours worked Hours worked Hours worked	r legal document), both
Home address	Home ph Wa	ork ph.
RESIDENCE: Child lives with: [] Mother only [] Fat [] Shared or split custody	ther only [] Both parents	,
LEGAL CUSTODY: [] Both parents [] Mother	Father Guardian	
EMERGENCY: The following may be called in an emerge	ency, when parent(s) or guardian can be reache	d and have permission
to remove my child from the center if necessary.		o, and have permassion
NAME	Home ph Wo	nrk nh
NAME	Home ph. Wo	ork ph
Additional person(s) authorized to call for my child:		лк ри
PHYSICIAN: Name and address:	Ph	
EMERGENCY RELEASE: I give my consent for emerge immediately. Signature of Parent or Guardian:	ency medical care or treatment, to be used only	if I cannot be reached
		