



IDENTIFICATION AND EMERGENCY INFORMATION

Date [Click here to enter a date.](#)

Child's Name _____ Nickname _____ Home Phone _____
 Street Address _____ Date of Birth _____
 City State Zip _____ Place of Birth _____

If Elementary School Aged: Name of School _____ Grade _____

Father/Co-Parent/Guardian Name _____ Home Phone _____
 Address (if different from child's) _____ Work Phone _____
 Cell Phone _____

Employer/Dept./Div. _____ Pager _____
 Occupation/Job Title _____ Email _____

Mother/Co-Parent/Guardian Name _____ Home Phone _____
 Address (if different from child's) _____ Work Phone _____
 Cell Phone _____

Employer/Dept./Div. _____ Pager _____
 Occupation/Job Title _____ Email _____

Child's Physician _____	Phone _____
Child's Dentist _____	Phone _____

PERSONS (OTHER THAN PARENTS) AUTHORIZED TO PICK UP AND TO BE CALLED IN CASE OF EMERGENCY

Be sure to include someone who will usually know your whereabouts

(UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE RELEASED TO ANY ONE NOT KNOWN TO THE CHILDREN'S CENTER WITHOUT AUTHORIZATION FROM A PARENT OR GUARDIAN)

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

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Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

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