

IDENTIFICATION AND EMERGENCY INFORMATION**CHILD CARE CENTERS**

To be downloaded, completed and signed by Parent or Authorized Representative

Child's Full Name _____ Date of Birth _____ Sex _____

Child's Street Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Child's Classroom: Infant Toddler AM Red Preschool PM Red Preschool
 Orange Preschool AM Green Preschool PM Green Preschool

Parent/Guardian 1 Name _____ Relationship _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Street Address (if different) _____ City _____ State _____ Zip Code _____

Parent/Guardian 2 Name _____ Relationship _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Street Address (if different) _____ City _____ State _____ Zip Code _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	TELEPHONE	RELATIONSHIP
1.		
2.		
3.		
4.		

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY*Child will not be allowed to leave with any other person without written authorization from parent or authorized representative*

NAME	RELATIONSHIP	NAME	RELATIONSHIP
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

The above information is essential. If any of the information requested on this form changes, please notify the CCFS office staff immediately and come in to the office to make changes on original form.

Signature of Parent, Guardian or Authorized Representative _____

Date _____