

## EMERGENCY CHILDCARE ENROLLMENT INFORMATION

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies, special instructions, comforting items/procedures:

Child special needs:

### PARENT/GUARDIAN INFORMATION (1)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email (personal) \_\_\_\_\_ Email (work) \_\_\_\_\_

Place of work \_\_\_\_\_ Address \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (1)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email (personal) \_\_\_\_\_ Email (work) \_\_\_\_\_

Place of work \_\_\_\_\_ Address \_\_\_\_\_

### PERSONS ALLOWED TO PICK UP MY CHILD IF I AM UNABLE

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Anyone NOT allowed to pick up my child (with copy of court order, if applicable)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date