

CHILD CARE 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 parent's 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 consent for emergency medical care or treatment, to be used only if I cannot be reached immediately."

Parent's Signature: _____ Date _____