



Child Identification and Emergency Information Form

Child's Name _____ **Birthdate** _____ **Sex** M F
(First) (Last)

Home Address _____
(Street) (City) (Zip Code)

Telephone _____ **Child's Home Language** _____

Ethnicity _____ **Place of Birth** _____

Mother's/Guardian's Name _____ **Cell Phone** _____

Address _____ **Home Phone** _____
(If different than above)

Employer _____ **Work Hours** _____ **Work Phone** _____

Employer Address _____ **Occupation** _____

Driver's License # _____ **Email** _____

Father's/Guardian's Name _____ **Cell Phone** _____

Address _____ **Home Phone** _____
(If different than above)

Employer _____ **Work Hours** _____ **Work Phone** _____

Employer Address _____ **Occupation** _____

Driver's License # _____ **Email** _____

Parents are (✓) Married Single Partnered Separated Divorced Deceased Out of Home Other _____

Person/s Legally Responsible for Child _____ **Relationship** _____

Address _____ **Phone** _____

Persons authorized to take child from the facility:

Name	Telephone	Relationship

My child has food/medication allergies: _____

Important information concerning your child's safety (i.e.: allergies, medical concerns, custody, restraining orders):

Signature of Parent _____ **Date** _____