

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CARE HOMES**

To Be Completed by Parent or Authorized Representative: **PLEASE WRITE LEGIBLY IN BLUE OR BLACK INK.**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	BIRTHDATE (MM-DD-YYYY)
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ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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PARENT/LEGAL GUARDIAN #1 NAME	LAST	FIRST	PHONE 1 (CIRCLE 1) CELL HOME WORK (    )    -	
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ADDRESS (IF DIFFERENT FROM CHILD'S)	NUMBER	STREET	CITY	STATE	ZIP	PHONE 2 (CIRCLE 1) CELL HOME WORK (    )    -
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PARENT/LEGAL GUARDIAN #2 NAME	LAST	FIRST	PHONE 1 (CIRCLE 1) CELL HOME WORK (    )    -	
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ADDRESS (IF DIFFERENT FROM CHILD'S)	NUMBER	STREET	CITY	STATE	ZIP	PHONE 2 (CIRCLE 1) CELL HOME WORK (    )    -
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CHILD RESIDES WITH (CHECK 1)

BOTH PARENTS/LEGAL GUARDIANS     PARENT/LEGAL GUARDIAN #1     PARENT/LEGAL GUARDIAN #2     OTHER: \_\_\_\_\_

**PERSONS AUTHORIZED TO DROP OFF AND TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE)  
(AUTHORIZED PERSON'S NAME MUST BE WRITTEN EXACTLY AS IT APPEARS ON THEIR PICTURE ID)

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD	AUTHORIZATION (CHECK 1)
<b>Besides yourselves (parents), indicate by #1 below the FIRST PERSON you want us to contact in an emergency</b>	*****	*****	*****
<b>#1</b>	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH
	(CIRCLE 1) CELL HOME WORK (    )    -		<input type="checkbox"/> DROP OFF AND PICK UP ONLY <input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> BOTH

**PHYSICIAN AND DENTIST INFORMATION**

PHYSICIAN NAME	PHONE NUMBER (    )    -
DENTIST NAME	PHONE NUMBER (    )    -
SIGNATURE OF PARENT / LEGAL GUARDIAN / AUTHORIZED REPRESENTATIVE <b>X</b>	DATE (MM-DD-YYYY)

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	DATE LEFT
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