

School Age Child Care Emergency Contact & Release Information

Child's Name: _____ Date of Birth: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/ Guardian Name: _____ Relationship to Child: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Hours at Work: _____

EMERGENCY CONTACTS (In order to be contacted)

Name: _____ Relationship to Child: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you give permission for your child to be released to this person? (circle one) Yes No

Name: _____ Relationship to Child: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you give permission for your child to be released to this person? (circle one) Yes No

Name: _____ Relationship to Child: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you give permission for your child to be released to this person? (circle one) Yes No

Parent/Guardian Signature _____

Date _____