## CARE-A-LOT

Early Learning Centers, Inc.

			D	ate:	
	<b>EMER</b>	GENCY CA			
Date:	Fathe	r's Name			
ate: Father's Name: Mother's Name:					
Class:		Cuardian:			
	(Dlease	include first an	ad last names)	THE STATE OF THE S	
	(Ficase	menude mst an	id last liallies)		
	<b>CHILD</b>	INFORMAT	<u> FION</u>		
I (WE) desire to enroll		·		Sex:	
	(Child's Name)		(Child's Birth	ndate)	
7.4. 1.411 A11 A	1 1 2	70 XX 10 17	1 17		
My child will be in	school every M	TWRF	From:	ecify hours)	<u>:</u>
	(Circle	days)	(sp	ecity hours)	
Child's Address:					
Child's Address:	(Street Number)	(City)	)	(Zip)	
Child's Phone Number	r:				
	(Area Code)	(Number)			
		INFORMA	TION		
Father's Birthdate:					
Father's Address:	(0.1				
T) (I 9 TT 10)	(Street Number)	(City)		(Zip)	
Father's Home Phone:	- (4	OI 1 )			
Dogon #.	(Area code)	(Number)	WI-DI	Louise	
Pager #:	Cen rnone:_	-Kousi	WorkPi	10ne:	
(1 teuse include drea code	s wiin phone numbers a	bove)			
Name of Employer:		Occupatio	n:		
Name of Employer:_ Work Address:		City:	Zir	0:	
	MOTHER	RINFORMA	ATION		
Mother's Birthdate: _					
Mother's Address:	***************************************				
	(Street Number)	(City)		(Zip)	
Mother's Home Phone	: -			( 1)	
	(Area code)	(Number)			
Pager #:	Cell Phone:		WorkP	hone:	
(Please include area code.	s with phone numbers a	bove)	-		- 3.3
Name of E		0			
Name of Employer:		_ Occupatio	n:		
Work Address:		City:	Zi <sub>I</sub>	p:	

<sup>\*\*\*</sup>Please complete the reverse side of this form for emergency authorization\*\*\*

## **EMERGENCY AUTHORIZATION**

	act in an emergency:	ts in close vicinity and	horized to pick up child and to
1	(Name)		(Address)
	(Work Phone)	(Home Phone)	(Relationship to Child)
2	,	,	
	(Name)		(Address)
	(Work Phone)	(Home Phone)	(Relationship to Child)
Two	persons in close vicinity (	to pick up child when	parents are not available:
1. (Name)			(Address)
2.	(Work Phone)	(Home Phone)	(Relationship to Child)
4.	(Name)		(Address)
-	(Work Phone)	(Home Phone)	(Relationship to Child)
relea belo Plea	ase your child to someone ow of additional people tha	that we do not know. at you would like to gi ild <u>WILL</u> be allowed to	State Drivers License in order to If you would like, you may add name we authorization to pick up your child. I leave with the people you have
	NAME	ADDRESS	PHONE
Plea	ase list below persons NO	<u>r PERMITTED</u> to pic	k up the child:
1	(Name) (	Address) (F	Relationship to child)
2	(Name) (	Address) (F	Relationship to child)
□ □ (Ch	Custody papers on file Order of protection on f neck one if applicable)	ĩle	