

**CARE-A-LOT**  
Early Learning Centers, Inc.

Date: \_\_\_\_\_

**EMERGENCY CARD**

Date: \_\_\_\_\_  
Class: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_  
(Please include first and last names)

**CHILD INFORMATION**

I (WE) desire to enroll \_\_\_\_\_, \_\_\_\_\_ Sex: \_\_\_\_\_  
(Child's Name) (Child's Birthdate)

My child will be in school every **M T W R F** From: \_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_  
(Circle days) (specify hours)

Child's Address: \_\_\_\_\_  
(Street Number) (City) (Zip)

Child's Phone Number: \_\_\_\_\_  
(Area Code) (Number)

**FATHER INFORMATION**

Father's Birthdate: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
(Street Number) (City) (Zip)

Father's Home Phone: \_\_\_\_\_ - \_\_\_\_\_  
(Area code) (Number)

Pager #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_  
(Please include area codes with phone numbers above)

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**MOTHER INFORMATION**

Mother's Birthdate: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
(Street Number) (City) (Zip)

Mother's Home Phone: \_\_\_\_\_ - \_\_\_\_\_  
(Area code) (Number)

Pager #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_  
(Please include area codes with phone numbers above)

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*Please complete the reverse side of this form for emergency authorization\*\*\*

