



Child Care

Admission Date: ___/___/___

Child's Name & Information

First _____ M.I. _____ Last _____

Sex: M F Birthdate: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian's Name & information

First _____ M.I. _____ Last _____

Home Phone: _____ Work: _____ Cell: _____

Drivers License Number: _____

Father/Guardian's Name & Information

First _____ M.I. _____ Last _____

Home Phone: _____ Work: _____ Cell: _____

Drivers License Number: _____

Email Address: _____

In case of an emergency in which the parents cannot be reached, the following persons may pick up my children.

1. Name: _____

Relationship: _____ Phone Number: _____

Address: _____

2. Name: _____

Relationship: _____ Phone Number: _____

Address: _____

Special Info About Child: _____

*****SPECIAL EMERGENCY INSTRUCTIONS*****

In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize KIDS PLAY TWO to take my child to:

Doctor: _____ Phone Number: _____

Address: _____

Hospital: _____ Phone Number: _____

Address: _____

****** SCHOOL INFO ******

School Address: _____

Phone Number: _____

Daycare Address: _____

Phone Number: _____

Kids Play Child Care has provided me with "A Parent's Guide to Day Care" and the Center Policies and has discussed its contents with me.

Parent Signature: _____ Date: _____