

**LICENSE NUMBER 1309**

**PARENT OR GUARDIAN:** Please complete this form for each child who will be enrolled in the program and update it whenever information changes.

**DATE OF CHILD'S ENROLLMENT** \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

**INFORMATION REGARDING PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:**

Name:	Name:
Address:	Address:
Employer:	Employer:
D.C. Dept. (if applicable):	D.C. Dept. (if applicable):
Email:	Email:

**Please list all phone numbers where you can be reached during the day. List them in the order in which they should be used and whether a call or text is preferred.**

Phone Number Order	Phone Number	Text or Call	Parent/Guardian Associated with This Number
First Number to Use			
Second Number to Use			
Third Number to Use			

**Please rank the following methods of contact in the order that you would like to be reached when your child is ill.**

**For example:** Call First Text Second Email Never

Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** Please list at least one person with whom you would feel comfortable leaving your child, and who could assume responsibility if you could not be reached immediately in an emergency; or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child. At least one person should be a **local** contact.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone Number:	Phone Number:

**NON-EMERGENCY ALTERNATE PICK-UP PERSON(S):** Your child will be released only to the person(s) that you specify below as alternate pick-up persons or escorts. They will not be released to an unauthorized escort or to an escort who is unable to transport a child safely for any reason, including the influence of alcohol or other drugs. Authorized escorts must be at least 16 years of age. Although we appreciate being alerted to escort changes in advance, your child may be released to anyone that you name on this form without prior notice. List both parents/guardians if appropriate. Please give complete information on all other escorts.

Parents/Guardians who may pick up your child:

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I, \_\_\_\_\_, authorize the following individual(s) to pick up my  
*(Parent/Guardian Signature)*  
 child from the program on a non-emergency basis.

<i>Name:</i>	<i>Name:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Address:</i>	<i>Address:</i>
<i>Phone number:</i>	<i>Phone number:</i>

<i>Name:</i>	<i>Name:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Address:</i>	<i>Address:</i>
<i>Phone number:</i>	<i>Phone number:</i>

**MEDICAL INFORMATION**

<i>Allergies:</i>	<i>Reactions:</i>
<i>Medications used routinely:</i>	
<i>Child's Physician:</i>	<i>Physician's phone:</i>
<i>Health Insurance Co.:</i>	<i>Insured's name:</i>
<i>Ins. ID number:</i>	<i>Group Number:</i>
<i>Any health concerns:</i>	

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION:** I hereby give permission for DCCCC staff to: administer simple first aid when necessary; obtain emergency medical care and transportation; contact my child's physician.

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*Date*

**ANNUAL UPDATE:** Make necessary changes & initial & date below to verify that the information is current.

<i>Parent/Guardian Initials:</i>	<i>Date:</i>	<i>Parent/Guardian Initials:</i>	<i>Date:</i>
<i>Parent/Guardian Initials:</i>	<i>Date:</i>	<i>Parent/Guardian Initials:</i>	<i>Date:</i>