

IDENTIFICATION & EMERGENCY FORM (*Please print clearly*) CLASS: _____

Child's Name _____ Sex _____ Birth date: _____

Parent's name: _____ Phone: _____

Parent's Email: _____

Parent's name: _____ Phone: _____

Parent's Email: _____

Person picking up child daily: _____ Phone: _____

List any allergies or health concerns: _____

Names of persons authorized to take child from facility (Children will not be allowed to leave with any other person without written authorization from Parent/Guardian, ID required)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent/Guardian: _____

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