

Child(ren)

Name (last,first)_____ Birth (date)_____ Enrolled (date)_____

Name (last,first)_____ Birth (date)_____ Enrolled (date)_____

Parents/Guardians

Name_____ Address_____
Mother/Father/Guardian (circle one) Street, Address, City, Zip

Phone—Home_____ Work_____ Cell_____

Name_____ Address_____
Mother/Father/Guardian (circle one) Street, Address, City, Zip

Phone—Home_____ Work_____ Cell_____

Residence—Child(ren) lives with:

___Both parents together ___Mother only ___Father Only ___Shared/split residence

Legal Custody ___Both parents ___Mother ___Father ___Guardian (name)_____

NOTE If parents have joint legal custody, either parent may pick up the child(ren) at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including noncustodial parent, to pick up the child(ren).

Pick up authorization—I give permission to the following people to pick up my child(ren) anytime, without additional specific authorization:

Emergency Contacts

The following people may be called in an emergency, when parent(s) or guardian(s) cannot be reached, and have permission to remove my child(ren) from center if necessary.

Name_____ Relationship to child(ren)_____

Phone: Home_____ Work_____ Cell_____

Name_____ Relationship to child(ren)_____

Phone: Home_____ Work_____ Cell_____

Physician—Red Caboose has my permission to call my child(ren)'s physician.

Name_____ Phone_____

Emergency release

I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately. Hospital of choice_____

Signature of parent or guardian _____