

**PARENT/GAURDIAN CONTACT INFORMATION For:** \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent 1 \_\_\_\_\_  
Last First Email Address \_\_\_\_\_

Parent 1 Home Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parent 2 \_\_\_\_\_  
Last First Email Address \_\_\_\_\_

Parent 2 Home Address *(if different from above)* \_\_\_\_\_  
Street/Apt.# City State Zip Code

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Home Telephone \_\_\_\_\_

### CUSTODY INFORMATION:

1. Are the child's parents separated or divorced? \_\_\_\_\_
2. Is custody currently being disputed within the courts? \_\_\_\_\_
3. Who currently has legal custody of the child? \_\_\_\_\_
4. Has any court issued an order regarding custody of the child, or is custody of the child established in a Separation Agreement? \_\_\_\_\_

PLEASE provide Kiddie Academy of Greenlawn with a copy of any court appointed custody agreement or a copy of your legal separation agreement that establishes custody. Kiddie Academy provides a safe and stable environment for the children enrolled and we request that all custody disputes be addressed out of the center. Thank you for your cooperation in this matter.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AND I AGREE TO NOTIFY THE CENTER OF ANY CHANGES IMMEDIATELY.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZED PICK UPS OTHER THAN PARENTS:

1. Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street/Apt.# City State Zip Code

2. Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street/Apt.# City State Zip Code

3. Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street/Apt.# City State Zip Code

### MEDICAL EMERGENCIES:

In EMERGENCIES requiring immediate medical attention, I understand that my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM., where they will be given any necessary medical treatment. I understand the teachers in the child care center are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_