IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

to Be Compi	eted by Paren	it or Authorized Repre	esentative						
CHILD'S NAME	LAST		MIDDLE	FIRST		SEX	TELEPHONE ()		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	ATE	
FATHER'S/GUARDIAN'	S/FATHER'S DOMEST	IC PARTNER'S NAME LAST	MIDE	DLE	FIRST		BUSINE	SS TELEPHONE	
7,111,211,67,667,11,127,111	6,1,1,11,E11,0 B 0 III,E0 1						()		
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME T	ELEPHONE	
MOTUEDIO (OLIADOLIA)	NO A ACTUEDIO DOME	OTIO PARTHERIO MANE. LAOT	AUDDI F		FIRST		()	
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME L			MIDDLE		FIRST			SS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP		ELEPHONE	
DEDCON DECDONCID	LE FOR CHILD	LACTNAME	MIDDLE	FIRST	HOME TELE	PHONE	()	
PERSON RESPONSIB	LE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELE	PHONE	BUSINE	SS TELEPHONE	
		ADDITIONAL F	PERSONS WHO	MAY BE CALLED	IN AN EMERG	ENCY		,	
NAME			ADDRESS			TELEPHON		E RELATIONSHIP	
		PHYSICIAN	OR DENTIST T	O BE CALLED IN	AN EMERGEN	CY			
PHYSICIAN ADDRESS					MEDICAL PLAN	MEDICAL PLAN AND NUMBER TELEPHONE			
DENTIST			ADDRESS MED		MEDICAL PLAN	CAL PLAN AND NUMBER TE		FELEPHONE	
IF PHYSICIAN CANNO	T BE REACHED, WHA	T ACTION SHOULD BE TAKEN?					()	
CALL EMERG	GENCY HOSPITAL	OTHER EXP	LAIN:						
(CHIL	D WILL NOT BE ALI	NAMES OF PERS					ED REPR	ESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE						DATE			
	TO BE COM	IDI ETED DV EACH IT	V DIDECTOR/A		MILV CHILD O	ADE HOMEO	LICEN	CEE	
DATE OF ADMISSION	TO BE CON	IPLETED BY FACILITY	I DIRECTOR/AL	DATE LEFT	AIVIILT CHILD C	ARE HUNES	LICEN	SEE	
LIC 700 (8/08)(CONFI	DENTIAL)	·		<u> </u>					