

Learn-N-Play Daycare, LLC Emergency Contact Information

Child's Name _____ Start Date _____

Full Home Address _____

Birthdate _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____

Full Address _____

Home Phone # _____ Cell Phone # _____

Employment Information Employer's Name _____

Employer's Full Address _____

Direct Line # _____ Supervisor Name _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____

Full Address _____

Home Phone # _____ Cell Phone # _____

Employment Information Employer's Name _____

Employer's Full Address _____

Direct Line # _____ Supervisor Name _____

MEDICAL INFORMATION

Doctor's Name _____ Phone # _____

Hospital _____

Allergies _____ Medicine _____ Reaction _____

Food _____ Reaction _____

Other _____ Reaction _____

I give permission for Emergency Services to treat my child in the case of accident or illness.

Parent/Guardian Signature _____ Date _____

The above information is correct and I will update this form when any of the information changes.

Parent/Guardian Signature _____ Date _____

Emergency Contact Persons to whom the child may be released

Child's Name _____

CONTACT PERSON #1

Name _____ Home # _____

Relationship _____ Cell # _____

Full Home Address _____

CONTACT PERSON #2

Name _____ Home # _____

Relationship _____ Cell # _____

Full Home Address _____

CONTACT PERSON #3

Name _____ Home # _____

Relationship _____ Cell # _____

Full Home Address _____

CONTACT PERSON #4

Name _____ Home # _____

Relationship _____ Cell # _____

Full Home Address _____

CONTRACTED TIME

Child Care will be available for your child between the hours of _____ AM and _____ PM

M T W Th F (Please circle days)

Children may not be signed in more than 10 minutes before or 10 minutes after their contracted times. If these times are not adhered to, a \$5.00 charge will be added to your tuition for each day that it occurs. You will be notified at the beginning of the month for the prior months charge.