

# Family Emergency Information

## Daycare

Please Print

Summer 2010

### Father Information

Not living with you  
(Circle if true)

Full Name: \_\_\_\_\_

First

Last

Current Address \_\_\_\_\_

Street

City

State

Zip

Social Security Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_

Business Address \_\_\_\_\_

### Mother Information

Not living with you  
(Circle if true)

Full Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

First

Last

Current Address \_\_\_\_\_

Street

City

State

Zip

Social Security Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_

Business Address \_\_\_\_\_

### Parent/Guardian Information

\_\_\_\_ Married      \_\_\_\_ Married, but Separated      \_\_\_\_ Divorced      \_\_\_\_ Other

### Child resides with:

\_\_\_\_ Both      \_\_\_\_ Father      \_\_\_\_ Mother      \_\_\_\_ Other

### Who has legal custody?

\_\_\_\_ Both      \_\_\_\_ Father      \_\_\_\_ Mother      \_\_\_\_ Other

Are there visitation or court restriction? \_\_\_\_ No \_\_\_\_ Yes If yes, it is important to provide documents to the Daycare director.

Name of Person(s) responsible for paying daycare fees and tuition:

\_\_\_\_\_

**Children in Sacred Heart School Daycare Program:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**In case of accident or illness when parents cannot be reached:**

(a) Do you authorize the school/daycare to act if medical services seem necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Do you authorize the school/daycare to call for medical transportation if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

(c) If your child has a medical condition the school/daycare should know about, please explain.

Allergies/Additional Information: \_\_\_\_\_

**All medications taken during school/daycare hours requires an "Authorization for Medication Administration" to be filled out by the parent/guardian.**

(a) Please list names of relative or friend to whom your child may be picked up by if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name & phone # \_\_\_\_\_

Dentist's name & Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name/Names: \_\_\_\_\_

Your student(s) Name(s)

- My children have permission to participate in daycare sponsored field trips during the current year by walking, bus, or private motor vehicle: under required supervision. Notice will be given.
- **Please note Field Trip participation is based on Directors discretion.**
- Sacred Heart School uses many different forms of media for exposure. Your child could be used as part of this exposure. Should you *not* want your child photographed, interviewed or videotaped, please notify the school in writing.

Your child may bring a bike, scooter, DS, or any other electronic items or toys to daycare to use during the day at schedule times. Students must wear a helmet when riding a bike or a scooter. **Please be aware that Sacred Heart School/Daycare is not responsible for loss or damage of any of these items.**

Signature of Parent

Date

**Non-Emergency Pick-up**

Additional Names of Person's who have permission to pick-up your child from school:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments about your child:**

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