

Emergency Contacts & Authorized Pick-ups:

(AT LEAST TWO other than parent or guardian listed on previous sheet)

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Home #: _____ Home #: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____

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Relationship: _____ Relationship: _____
Home #: _____ Home #: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Home #: _____ Home #: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____

Family History:

Parents marital status: _____ Married _____ Divorced _____ Seperated _____ Deceased _____ Single

Other children in the home (name and birthdate) _____

Parental Participation State Law: 109.5(1) Unlimited access: Parents shall be afforded unlimited operation or whenever their children are in the care of the provider; UNLESS PARENTAL CONTACT IS PROHIBITED BY COURT ORDER AND WE HAVE A COPY ON FILE AT THE CENTER.

Is there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while they are at the center? Name _____

I understand that if I have NOT provided a copy of a NO CONTACT ORDER, CECC is required to allow access to both parents. _____ YES _____ N/A

Copy of Court Order prohibiting contact is on file _____ YES _____ NO _____ N/A

By signing this form I acknowledge that all the above information is correct and I understand that it is my responsibility to inform the office of any changes.

Parent/Guardian Signature

Date