

Emergency Information:



Child's Name _____

Birthdate _____ Enrollment Date _____

Child's home address _____

City _____ State _____ ZIP _____

Child lives with: both parents _____ mother only _____ father only _____

Shared/split residence _____ Other _____

Please explain if shared or other is checked: _____

Parent/Guardian Information:

Mother's name _____

Home Phone _____ Work Phone _____ Cell/pager _____

Father's name _____

Home Phone _____ Work Phone _____ Cell/pager _____

Legal Custody: both parents _____ mother _____ father _____ other _____

If parents have joint custody, either parent may pick up the child/ren at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including a non-custodial parent, to pick up the child/ren. KCC will need a copy of the legal and binding custody agreement on file.

I hereby give permission to the following persons to pick up my child at any time without additional authorization. The following may be called in an emergency, when the parents or guardian cannot be reached. They have permission to remove the above named child from the center if necessary.

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell/pager _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell/pager _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell/pager _____

Healthcare provider information:

Kuhl Corner Campus, LLC has my permission to call my child's physician:

Physician name _____ Phone _____

I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I understand that the nearest hospital will be utilized, depending on where the emergency occurs.

Hospital choice _____ City _____

Signature of Parent or Guardian _____ Date _____