

Kids' Care
Contact Form

Child's Name _____ **Birth Date** _____

Address _____

School _____ **Grade** _____ **Start Date** _____

Please indicate which number to contact FIRST.

Mother/Guardian _____ **Home Phone:** _____

Home Address _____ **Work Phone:** _____

Email Address _____ **Cell Phone:** _____

Employer: _____ **Hours:** _____

Address: _____

Father/Guardian _____ **Home Phone:** _____

Home Address _____ **Work Phone:** _____

Email Address: _____ **Cell Phone:** _____

Employer: _____ **Hours:** _____

Address: _____

Alternate/Emergency Pickup*

Name: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

Relationship: _____ **Cell Phone:** _____

Name: _____ **Home Phone:** _____

Address _____ **Work Phone:** _____

Relationship _____ **Cell Phone:** _____

- If I am unable to pick up my child for any reason, I give permission to the above person(s) to remove my child for the Kids' Care program. A note must be provided for anyone other than the above to pick up my child.
- Signed _____