LIC 700 (8/08)(CONFIDENTIAL)

	best contact cell phone number ()								
		EMERGENCY			email add	ress			
	_	RS/FAMILY CH	_	IOMES					
		or Authorized Repr							
CHILD'S NAME	AME LAST MIDDLE			FIRST		SEX	TELEPHONE		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	(BIRTHD) ATE	
7.557.1200	11011152.1	5 <u>E</u> 2.		U.I.	02		BIRTITIO	AIE	
FATHER'S/GUARDIAN	HER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE				FIRST	FIRST		BUSINESS TELEPHONE ()	
HOME ADDRESS	ME ADDRESS NUMBER STREET			CITY	STATE ZIP		HOME TELEPHONE		
					FIDOT			()	
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE					FIRST		BUSINESS TELEPHONE		
HOME ADDRESS	NUMBER STREET		CITY	STATE	ZIP	HOME T	HOME TELEPHONE		
								()	
PERSON RESPONSI	BLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TE	LEPHONE	BUSINE	SS TELEPHONE	
		ADDITIONAL	DEBSONS WHO	MAY BE CALLED	IN AN EMER) GENCV	()	
ADDITIONAL PERSONS WHO MAY BE CALLED IN AN					IN AN LINEN				
NAME			ADDRESS			TELEPHON	NE .	RELATIONSHIP	
				O BE CALLED IN					
PHYSICIAN ADDRESS					MEDICAL PL	MEDICAL PLAN AND NUMBER		TELEPHONE (
DENTIST ADDRESS					MEDICAL PLAN AND NUMBER			TELEPHONE	
							()	
IF PHYSICIAN CANNO	OT BE REACHED, WHAT A	ACTION SHOULD BE TAKEN?							
CALL EMER	GENCY HOSPITAL		LAIN:						
(CHIL	.D WILL NOT BE ALLO	NAMES OF PERS WED TO LEAVE WITH ANY		ZED TO TAKE CHII HOUT WRITTEN AUTHOR			ED REPR	ESENTATIVE)	
NAME						RELATIONSHIP			
IVAIVIL						TILE/ (TOTO) III			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF BARR	NT/GHAPDIAN OR AUTH	ORIZED REDDECENITATIVE					DATE		
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE						DATE			
	TO BE COMP	LETED BY FACILIT	Y DIRECTOR/AI	DMINISTRATOR/FA	AMILY CHILD	CARE HOMES	LICEN	ISEE	
DATE OF ADMISSION				DATE LEFT					