

IDENTIFICATION AND EMERGENCY INFORMATION DAY CARE CENTERS

To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
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Authorization to attend enrichment classes

I authorize the Enrichment Teacher(s) listed below to walk my child to the associated class ONLY, and to return them either to me or their responsible teacher afterward. I further understand that the class is always held on the property of North Park Community Preschool at Trinity United Methodist Church, 3030 Thorn St. San Diego, CA 92104.

Signed, _____

Relationship _____ date _____

NAME	RELATIONSHIP

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT
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