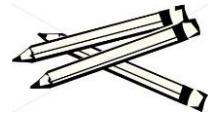


All fields **MUST** be completed. Please note NA if any field does not apply.



Child's Name _____ Birth Date _____ M / F

Child's Address _____

Who should we contact when your child is ill or injured?

First contact _____ Relationship to child _____

1st Phone # _____ 2nd Phone # _____

Second contact _____ Relationship to child _____

1st Phone # _____ 2nd Phone # _____

Mother's / Guardian's Name _____

Address _____

Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____

E-mail Address *to use for school notifications:* _____

Employer _____ Work Schedule _____

Employer Address _____

Work E-mail _____ Work Phone # _____

Father's / Guardian's Name _____

Address --or check if same as above _____

Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____

E-mail Address *to use for school notifications:* _____

Employer _____ Work Schedule _____

Employer Address _____

Work E-mail _____ Work Phone # _____

Any special custody arrangements? _____

Emergency Contacts and Persons Authorized to Take Child from Facility *(other than parent or guardian)*

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Missouri licensing requires all fields to be filled out completely. Note NA if any field does not apply.