

Name _____ Birthdate _____
Last First Middle

Address _____ Phone _____

City _____ State _____ Zip _____

Mother
Name

Father
Name

Address

Address

Phone

Phone

Cell#

Cell#

E-Mail:

E-Mail:

Place of Business or School

Name

Name

Address

Address

Phone

Hrs.

Phone

Hrs.

Physician

Name _____

Phone _____

Address _____

Insurance Co./# _____

Emergency & Sign Out Names (please print name, signature not required at this time.)

1. Name
Address
Signature
Phone

2. Name
Address
Signature
Phone

3. Name
Address
Signature
Phone

4. Name
Address
Signature
Phone

5. Name
Address
Signature
Phone

6. Name
Address
Signature
Phone

Note here any medical problem or allergy _____

I give my permission to Jefferson Childcare & Education Center for the following:

1. To give medical treatment to my child if necessary.
2. To give permission for my child to go on neighborhood walks.
3. For my child to be photographed, taped or filmed and use his./her work for display and publication.

Parent Signature _____

Date _____