

S.A.F.E. Child Care Program Enrollment Information

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Child Attends: _____

Father or Guardian: _____

Cell Phone: _____ Home Phone: _____

Employer: _____

Employer's Phone: _____ Email: _____

Mother or Guardian: _____

Cell Phone: _____ Home Phone: _____

Employer: _____

Employer Phone: _____ Email: _____

In Case Of Emergency:

Doctor: _____ Phone: _____

Special Medical or Emergency Information (Allergies, etc.):

Authorized People Who May Pick Up Child(ren):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____