(Facility's Name)			Date of Enrollm	nent Date	of Withdrawal Form 94
	nd Emergency Info				
ame of Child (Last, First Mide	dle Initial)	Name of Parents			
child's Date of Birth	Home Phone Number	Address (Number and Street)			
llergies, if any		City		State	Zip Code
pecial Health Conditions, if a	any			I	
1. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment		Phone Number	
Address (Number and Street)		City		State	Zip Code
2. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment		Phone Number	
Address (Number and Street)		City		State	Zip Code
ERSON OTHER THAN P	ARENT TO BE NOTIFIED IN EMER	GENCY SITUATION	WHEN PAR	ENT IS NO	DT AVAILABLE
Name		Phone Numb			
Address (Number and Street)		City)	State	Zip Code
AMES OF PERSONS OT	HER THAN PARENT TO WHOM C	HILD MAY BE RELEA	ASED		
		3.			
		4.			
		AL INFORMATIO	DN		REVISED SAMPLE 8
Emergency treatment I hereby give permi	t and transportation: ssion to	(Child Care Pro	ovider)		
Emergency treatment I hereby give permi licensed by the Divi surgical treatment as	t and transportation: ssion to ision of Child Development to s nd to provide emergency transp	(Child Care Pre ecure emergency m ortation for the abo	ovider) iedical, der ve named i	ntal, and/c	ld while in care.
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