

CHILD'S IDENTIFICATION RECORD

Child's Full Legal Name _____ Date Enrolled _____

Child's Preferred Name _____ Sex _____ Birthdate _____
Address _____ City _____ Zip _____

Who has legal custody? _____ Relationship _____
Address _____ City _____ Zip _____

Parent 1 _____ Phone _____

Parent 1 Cell phone _____
Home Address _____ City _____ Zip _____
Place of employment _____ Phone _____
Address _____ City _____ Zip _____

Parent 2 _____ Phone _____

Parent 2 Cell phone _____
Home Address _____ City _____ Zip _____
Place of employment _____ Phone _____
Address _____ City _____ Zip _____

Email Parent 1 _____ Email Parent 2 _____

Persons permitted to remove child:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Person to be notified IN CASE OF EMERGENCY when parent or guardian cannot be reached

Name _____ Address _____ Phone _____

Child's Physician/Health Care Resource _____
Address _____ Phone _____

Communicable diseases child has and (give date) _____

List all identifying scars, birthmarks, skin discoloration's _____

Child's habits, fears, etc. _____

Any other information that you wish known _____

I give permission to consult the health care resource listed above in the case of emergency if parent cannot be reached.

Date _____

Signature of Parent or Legal Guardian