



Emergency Contact Form

Child/Children's Name: _____ DOB: _____

Child/Children's Name: _____ DOB: _____

Address: _____

Email: _____

Mom Parent/Guardian: _____ Social Security Number: _____

Home Phone #: _____ Cell: _____ Work Number: _____

Cell Phone Provider: _____

Moms Drivers License: _____

Employer: _____

Dad Parent/Guardian: _____ Social Security Number: _____

Home Phone #: _____ Cell: _____ Work Number: _____

Cell Phone Provider: _____

Dads Drivers License: _____

Employer: _____

Picture Permission Form: I give permission to the staff of my child's facility to take pictures of my child to use for remind, procare app, art projects, bulletin boards, webpage, brochures, facebook, social media, etc. Occasionally they might be sent to the local newspaper or be seen on marketing items. Please circle yes or no below, if you are allowing to have your child's picture taken.

Circle: yes or no

Signature of Parent / Guardian Date _____ Date: _____

Sunscreen & Insect Repellant I give permission to the staff of my child's facility to apply sunscreen and/or bug spray to my child when appropriate. I understand that I am being asked to provide the sunscreen and/or insect repellant for my child to use. I will label my child's bug spray and sunblock with their name. I also understand that I should apply sunblock and sunscreen before school. I understand that the sunscreen and sunblock I provide is what I want on my child. The child care is not responsible for allergic reactions of the sunblock or bug spray that I provide. All sunblock and bug spray will be kept in the office cabinet.

Signature of Parent / Guardian Date _____ Date: _____