Little Friends

Child Information/Emergency Contact

Child's name:_____
First Middle Last

Age: _____ **Date of birth**: _____

Parent/Guardian name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Employer: _____

Email: _____ Email: _____

Special instructions: _____

Parent/Guardian name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Employer: _____

Email: _____ Email: _____

Special instructions: _____

Please list two persons who could take temporary responsibility for your child:

1. Name/Relationship:_____

Home phone: _____Work phone:_____

Cell phone: _____ Other: _____

2. Name/Relationship:_____

Home phone: _____Work phone:_____

Cell phone: _____ Other: _____

Special instructions: _____

May we share information with these persons? _____