

Little Friends
Early Learning Center

Child Information/Emergency Contact

Child's name: _____
First Middle Last

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

Parent/Guardian name: _____

Street Address: _____

Mailing Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Employer: _____

☐ Please check if you have a home office or work from home

Email: _____ Email: _____

Special instructions: _____

Please explain if you are on the road, travel for work, or other vital information
regarding contacting you during business hours _____

Parent/Guardian name: _____

Street Address: _____

Mailing Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Employer: _____

☐ Please check if you have a home office or work from home

Email: _____ Email: _____

Special instructions: _____

Please explain if you are on the road, travel for work, or other vital information regarding contacting you during business hours _____

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? _____