

# APPLE ACADEMY LEARNING CENTER CHILD EMERGENCY INFORMATION SHEET

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address (if different from child's) \_\_\_\_\_

Mother's Home Phone (if different from child's) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Phone where Mother can be contacted when child is in the program \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address (if different from child's) \_\_\_\_\_

Father's Home Phone (if different from child's) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Phone where Father can be contacted when child is in the program \_\_\_\_\_

## Who will be dropping your child off in the morning?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Who will be picking your child up?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Who else has permission to take your child from the program?

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Is there anyone who does NOT have your permission to take your child from the program?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE NOTE:** A COPY OF THE COURT DECISION MUST BE ON FILE IN ORDER FOR THE PROGRAM NOT TO RELEASE A CHILD TO HIS/HER NON-CUSTODIAL PARENT.

**EMERGENCY CONTACTS:**

Who should we contact in case of emergency?

**NOTE: STATE LAW REQUIRES THAT YOU LIST AT LEAST TWO LOCAL CONTACTS OTHER THAN YOURSELVES.**

**NOTE: Emergency contacts must also be authorized to pick up your child in an emergency.**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

**OTHER INFORMATION**

Child's date of birth: \_\_\_\_\_

Mother's date of birth: \_\_\_\_\_

Father's date of birth: \_\_\_\_\_