

**Emergency & Identification Information
Child Development Programs**

Child's Name _____ Birth Date _____ Room No. _____
 Child's Name _____ Birth Date _____ Room No. _____
 Child's Name _____ Birth Date _____ Room No. _____

Parent/Guardian Name _____ Home Phone () _____
 Home Address _____ Work Phone () _____
 City _____ Zip: _____ Cell Phone () _____
 Employer/School _____ Email _____

Parent/Guardian Name _____ Home Phone () _____
 Home Address _____ Work Phone () _____
 City _____ Zip: _____ Cell Phone () _____
 Employer/School _____ Email _____

List persons who may be called in an emergency and/or are authorized to pick up the child(ren) from the center.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In case of separation or divorce, does the non-custodial parent/guardian have permission to pick up the child(ren)?
 Yes _____ No _____ If no, attach court order.

"Kidango does not sell, share, rent or disclose personal information about you to third parties without your consent or as required by law."

Do you currently have? **Healthy Families** **Healthy Kids** **Medi-Cal** **Private Insurance** **None** (circle one)
 Do you currently receive or have you ever received? **CalWorks** or **WIC** (circle if applicable)
 Does your enrolled child(ren) have an **Individual Family Services Plan (IFSP)**? YES or NO (circle one)
 If yes, name of child _____
 Does your enrolled child(ren) have an **Individualized Education Plan (IEP)**? YES or NO (circle one)
 If yes, name of child _____

Child's Physician _____ Phone () _____
 Child's Dentist _____ Phone () _____
 Insurance Carrier _____ Insurance Number _____

Allergies and reactions or other medical limitations _____

In the event of an accident or an emergency, I authorize an ambulance to take my child to the above named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of my child, at my expense.

Signature _____ Date _____
 Parent/Guardian

Witness _____ Date _____

Title _____