



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 Cell Phone ()
Home Address Work Phone ()
City Zip: Other Phone ()
Employer/School Email

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

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

Table with 4 columns: Name, Address, Cell Phone, Relationship. Rows 1, 2, 3.

Kidango may be required to release a child to the parent listed on the child's birth certificate, unless a legal custodial agreement stating otherwise is on file with Kidango.

"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? Medi-Cal CalWorks CashAid CalFresh WIC (circle all that apply)

Healthy Families Healthy Kids Private Insurance (circle all that apply)

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 case of an accident or emergency, I authorize an ambulance to transport my child to the nearest emergency hospital or clinic at my expense.

Signature Parent/Guardian Date

Witness Date

Title