

208 Tuscarora Road Chittenango, NY 13037 Telephone: (315) 687-7962

Fax: (315) 687- 7652 www.chittenangochildcarecenter.com

IDENTIFCATION AND EMERGENCY INFORMATION

Name of Child			_ Date of Birth	
Street Address			Home Phone	
City		State	Zip	
Mother or guardian			Cell Phone	
Employer/School		Hours	Work Phone	
Father or guardian			Cell Phone	
Employer/School		Hours	Work Phone	
			ddress and phone numbers as well	
from a parent or guardian.)	t to pick up a child (espection)	pecially if both par	o the school without authorization ents are listed on blue card) unless ually know your whereabouts.)	
Name		Rela	ionship to child	
Home Phone	Cell Phone		Work Phone	
Address				
			ionship to child	
Home Phone	Cell Phone		Work Phone	
Address				
			Phone	
Emergency Hospital Preference				
Custody Arrangements: (Please	e indicate where child	will be)		
Monday night		Thursday Night	·	
Tuesday night		Friday Night		
Wednesday night		Weekend		