



# Chittenango Child Care Center, Inc.

208 Tuscarora Road  
Chittenango, NY 13037  
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www.chittenangochildcarecenter.com

## IDENTIFICATION 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 \_\_\_\_\_

Persons authorized to pick up child (in addition to parents). Please list address and phone numbers as well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Under no circumstances will a child be released to anyone not known to the school without authorization from a parent or guardian.)

Note: It is legal for either parent to pick up a child (especially if both parents are listed on blue card) unless we have a copy of a court order restricting visitation.

**Emergency Contacts** other than parents, include someone who will usually know your whereabouts.)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

**Custody Arrangements:** (Please indicate where child will be)

Monday night \_\_\_\_\_ Thursday Night \_\_\_\_\_

Tuesday night \_\_\_\_\_ Friday Night \_\_\_\_\_

Wednesday night \_\_\_\_\_ Weekend \_\_\_\_\_