

Form 3: Parent Contact Card



Child's Name:
Date of birth:
Child's special needs, chronic medical condition and/or long-term medications:
Parent/guardian 1 name:
Employer:
Work phone: Cell phone:
Home phone:
Home address:
Parent/guardian 2 name:
Employer:
Work phone: Cell phone:
Home phone:
Home address:
Other adult(s) authorized to pick up child from child care:
Other emergency phone 1:
Other emergency phone 2:
Other emergency phone 3: