

**Emergency Contacts**

(Any individual other than parent or guardian that is within 30 mile radius of daycare)

Primary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate which number is best for the hours your child is in my care. \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate which number is best for the hours your child is in my care: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

-----  
Allergies / Special Needs or Instructions / Medications: \_\_\_\_\_

Other Household Members: (names, ages, relationships): \_\_\_\_\_

Adults authorized to pick up my child: \_\_\_\_\_

Kid Code: \_\_\_\_\_ (Secret word between parent & child for identification and pick up)

Name of other school child attends: \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
Immunization records: \_\_\_\_ on file, \_\_\_\_ complete, \_\_\_\_ incomplete

Registration Fee: \_\_\_\_ \$25.00 \_\_\_\_ due at time of signing

**KIDDIE WORLD DAYCARE AUTHORIZED PICK-UP CONTACTS**

**PARENT NAME:** \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

**1. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE :** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**3. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**4. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_