

# **NATIVITY SCHOOL EXTENDED DAY CARE PROGRAM**

## **Identification and Emergency Information**

(To Be Completed by Parent or Guardian)

Child's Name (LAST, FIRST, MI)	
Address/City/Zip	
Telephone	
Date of Birth	
Father's Name	
Address (If different from above)	
Business Phone	
Home Phone (If different from above)	
Mother's Name	
Address (If different from above)	
Business Phone	
Home Phone (If different from above)	
Person Responsible for Child	
Business Phone (If different from above)	
Home Phone (If different from above)	

### **\*PERSONS AUTHORIZED TO REMOVE CHILD FROM THE CENTER and WHO MAY BE CALLED IN AN EMERGENCY**

<u><b>NAME</b></u>	<u><b>ADDRESS</b></u>	<u><b>TELEPHONE</b></u>	<u><b>RELATIONSHIP</b></u>

### **PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN'S NAME		DENTIST'S NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	
MEDICAL PLAN & NUMBER(S)		MEDICAL PLAN & NUMBER(S)	

**\*Persons not listed may not remove child from the center**