

Loving 2 Learn Child Care Center
Contact Information

Name of the Child (ren)

1. _____ 2. _____ 3. _____

DOB _____ DOB _____ DOB _____

List two people to contact first in case of an emergency with the best phone number (this is usually the parents or guardians).

1. _____ phone # _____ relationship _____

2. _____ phone # _____ relationship _____

Emergency Contact (not the parents or guardian)

1. _____ phone # _____ relationship _____

Provide the email address that you would like on file to use for correspondence between the center and home.

Name _____ email address _____

Name _____ email address _____

Provide the mailing address and phone number you would like your child to learn.(this address may be used to send things from your child or teacher via mail)

Address _____ Phone # _____

Enrollment Date: _____