

This form MUST be kept up to date.

An email or verbal request for a staff member of CCCC to update your child's information form will not be accepted.

Child's Information	
Child's Name:	Birthdate:
Address:	Allergies/Special Instructions/Doctor:
Please List Any Known Medical Conditions:	Please List Any Known Physical and or Developmental Conditions:

Parent/Guardian Information 1	
Parent/Guardian Name:	Relationship to child:
Address:	Work # Cell # Home #
Email (personal):	Email (work):
Place of work:	Address:

Parent/Guardian Information 2	
Parent/Guardian Name:	Relationship to child:
Address:	Work # Cell # Home #
Email (personal):	Email (work):
Place of work:	Address:

Additional Contacts:

We will call the additional contacts if both parents/guardians do not respond to all numbers given. Additional contacts will be called in order of how they are listed until Cozy Corner Childcare Centre is able to contact someone. These persons listed are authorized to collect your child.

Additional Authorized Collection Contact 1	
Name:	Relationship to child:
Address:	Work # Cell # Home #
Email (personal):	Email (work):
Place of work:	Address:

Additional Authorized Collection Contact 2	
Name:	Relationship to child:
Address:	Work # Cell # Home #
Email (personal):	Email (work):
Place of work:	Address:

Additional Authorized Collection Contact 3	
Name:	Relationship to child:
Address:	Work # Cell # Home #
Email (personal):	Email (work):
Place of work:	Address:

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____