



# Chittenango Child Care Center, Inc.

208 Tuscarora Road  
Chittenango, NY 13037  
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[www.chittenangochildcarecenter.com](http://www.chittenangochildcarecenter.com)

## IDENTIFICATION AND EMERGENCY INFORMATION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother or guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer/School \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father or guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer/School \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Persons authorized to pick up child (in addition to parents). Please list address and phone numbers as well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Under no circumstances will a child be released to anyone not known to the school without authorization from a parent or guardian.)

Note: It is legal for either parent to pick up a child (especially if both parents are listed on blue card) unless we have a copy of a court order restricting visitation.

**Emergency Contacts** other than parents, include someone who will usually know your whereabouts.)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Hospital Preference \_\_\_\_\_

**Custody Arrangements:** (Please indicate where child will be)

Monday night \_\_\_\_\_ Thursday Night \_\_\_\_\_  
Tuesday night \_\_\_\_\_ Friday Night \_\_\_\_\_  
Wednesday night \_\_\_\_\_ Weekend \_\_\_\_\_