



Classroom Information Sheet

Child's name _____

Birth date _____

Parent 1 Name _____	Parent 2 Name _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____

Other contacts beside parents for Emergencies and Pick-up are:

Name _____	Name _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Name _____	Name _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____

I _____ enrolling parent understand that no child will be released to any person/s other than the parent/guardian or those indicated above unless notified by the parent/guardian. **If no notification is received, the child will not be released. Identification will be required before a child shall be released to anyone other than parent/guardian or authorized personnel. Bedford Heights Daycare will not release any child to anyone not authorized for pick up.**

If at any time you wish an individual to be added or taken off this list, a new form must be completed and dated.

Child's name _____

Parent's Name _____

Parent's Signature _____ Date _____