

URGENT DAY CARE RELEASE FORM

CHILD'S INFORMATION

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH		
NAME PREFERRED TO USE		CLASS	TEACHER'S NAME		
STREET ADDRESS		TOWN/CITY	ZIP CODE		
SPECIAL HEALTH PROBLEMS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:		ALLERGIES INCLUDING DRUG REACTIONS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:			
REGULAR MEDICATIONS? <input type="checkbox"/> NO IF <input type="checkbox"/> YES SPECIFY:		OTHER IMPORTANT INFORMATION:			

PARENT / GUARDIAN INFORMATION

FIRST NAME	MIDDLE	LAST NAME	HOME PHONE#
STREET ADDRESS	TOWN/CITY	ZIP CODE	MOBILE PHONE#
ADDRESS WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE	TOWN/CITY	ZIP CODE	WORK PHONE#

OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY

FIRST NAME:	ADDRESS	HOME PHONE#
RELATIONSHIP:		MOBIL PHONE#
PERMISSION TO PICK UP IN EMERGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES		WORK PHONE#

PLEASE INDICATE IF YOUR CHILD ATTENDS "EXTENDED DAY" (TUESDAY/THURSDAY)?  YES  NO

PERSON PERMITTED TO PICK-UP CHILD **1**

NAME	RELATION
SIGNATURE	DATE

PERSON PERMITTED TO PICK-UP CHILD **2**

NAME	RELATION
SIGNATURE	DATE

NOTE: Any person unfamiliar to ASAP will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without advanced permission from the parent. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.