

CHILD CARE IN YOUR HOME FEE ASSISTANCE EMERGENCY CONTACT & RELEASE INFORMATION

Child's Name		Date of	Date of Birth		Gender
					ı
	WHO MAY BE CALLED				
(AT LEAST ONE PERS	ON MUST BE LISTED A	S AN EMERG	ENCY CONTACT	<u>') </u>	
		Telephone Relationship		*Authorized	
Full Name	Talauhana			for child ca to release	•
	reiepnone			to release	
				(must ch	•
				□ Yes	□ No
				□ Yes	□ No
				□ Yes	□ No
				□ Yes	□ No
				□ Yes	□ No
*Should the parents be unable to relieve the unexpectedly, due to an emergency and care release the child care provider on behalf of t to inform who will be contacted and, if need	e cannot be completed a he family. Parents/provi	s scheduled, tl ders will make	hese individuals a	are authorized	
	PARENT AGREEM	FNT			
By signing below, I understand and agree However, if I cannot be reached, I give pemy child(ren) (listed above) to the person	that in case of an eme rmission for my autho	rgency every rized CCYH p	rovider to conta		
()_)	()		
Sponsor Name	Wor	k Phone Cell Phone		е	
	()	()		
Spouse/Legal Guardian Work		k Phone	Cell Phone	e	
Parent/Guardian Signature			Date		
Parent/Guardian Signature (I confirm the	e above information is	still valid.)	Date (Yea	r 2)	

Date (Year 3)

Parent/Guardian Signature (I confirm the above information is still valid.)