

Winders Wee Care Child Emergency Contact Information

Child's Name	
Child's Date of Birth	
Child's Home Street Address	
Child's Home City, State, Zip	
Parent/Guardian #1 Name	
Parent/Guardian #1 Home Street Address (or Same)	
Parent/Guardian #1 Home City, State, Zip (or Same)	
Parent/Guardian #1 Phone Number	
Parent/Guardian #2 Name	
Parent/Guardian #2 Home Street Address (or Same)	
Parent/Guardian #2 Home City, State, Zip (or Same)	
Parent/Guardian #2 Phone Number	
Emergency Contact #1	
Emergency Contact #1 Relationship To Child	
Emergency Contact #1 Home Address	
Emergency Contact #1 City, State, Zip	
Emergency Contact #1 Phone	
Is Emergency Contact #1 authorized to make medical decisions for your children if you cannot be reached?	
Emergency Contact #2	
Emergency Contact #2 Relationship To Child	
Emergency Contact #2 Home Address	
Emergency Contact #2 City, State, Zip	
Emergency Contact #2 Phone	
Is Emergency Contact #2 authorized to make medical decisions for your children if you cannot be reached?	
Child's Pediatrician Name	
Child's Pediatrician Street Address	
Child's Pediatrician City, State, Zip	
Child's Pediatrician Phone Number	
Child's Dentist Name	
Child's Dentist Street Address	
Child's Dentist City, State, Zip	
Child's Dentist Phone Number	
Preferred Hospital	

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both. Form is valid for one year.

Parent #1 Signature	Date
Parent #2 Signature	Date
Provider Signature	Date