

**Emergency Contact Information**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Lives At: \_\_\_\_\_

Parent/Guardian 1: _____	Relationship to child: _____
Home Address (if different): _____	
Work Address: _____	
Home Phone: _____	Cell Phone: _____
Work/Other: _____	
Parent/Guardian 2: _____	Relationship to child: _____
Home Address (if different): _____	
Work Address: _____	
Home Phone: _____	Cell Phone: _____
Work/Other: _____	

**Authorized Contacts** –Please provide information for at least 2 people who are permitted to pick up your child from the Shine Early Learning program, and whom we can contact if necessary in an emergency. Please note that we must have a letter on file that documents our agreement to have an authorized contact under 18 years of age pick up your child. Please note that your child **will not** be released to anyone not on this list.

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Is there a court order in place that restricts anyone from picking up your child? (Non-custodial parent or other adult due to restraining order, child's foster or kinship status, etc) Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide Shine Early Learning with documentation, such as a copy of a court order to maintain in file and provide updates as needed

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Is there any other person who may try to pick up your child who is not authorized to do so (i.e. but for whom there are no court papers)?

If so, please give NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Emergency Contact Information

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Lives At: \_\_\_\_\_

## Additional Contacts

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____
Removed on: _____	By: _____	Staff: _____
Added Back: _____	By: _____	Staff: _____

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_