

Tree of Life Learning Center
Child Information Sheet

Child's Name: _____ *Last* _____ *First* _____ DOB _____

Parent or Guardians (Note: unless we are informed otherwise in writing via a custody order or other legal document, both parents listed will be permitted to pick up a child)

Father _____ Cell Phone Number: _____

Home Address _____ Work Phone Number: _____

Mother _____ Cell Phone Number: _____

Home Address _____ Work Phone Number: _____

Residence: Child lives with: Both Parents Mother Only Father Only

Shared or Split Custody Other _____

Legal Custody: Both Parents Mother Father Guardian _____

Emergency: When a parent or guardian can't be reached, the following may be called in an emergency and have permission to remove my child from the center if necessary.

_____ Cell Phone Number: _____
Name Relationship

_____ Cell Phone Number: _____
Name Relationship

Additional person(s) authorized to pick up my child:

Name: _____ Cell Phone Number: _____

Name: _____ Cell Phone Number: _____

Child's Health Care Provider: Name _____

Address: _____ Phone Number _____

"I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately."

Parent/Guardian Signature: _____ Date: _____