**El Bebe Daycare Center**

In order to have the correct information on all the files we are asking the parents to fill out the emergency form for all the children in daycare, please return by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**PARENTS NAME:**

**ADDRESS:**

**TELEPHONE:**

**WORK INFORMATION/PHONE:**

**EMERGENCY CONTACT NAME (1)**

**EMERGENCY CONTACT PHONE:**

**EMERGENCY CONTACT NAME (2)**

**EMERGENCY CONTACT PHONE:**

**CHILDREN IN DAYCARE**

**NAME AND SCHOOL ATTENDING**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZED PERSON TO PICK UP CHILD:**

**1. 3.**

**2. 4.**