



LITTLE ANGEL DAY SCHOOL
1125 SHERROD AVENUE
FLORENCE, ALABAMA 35630
(256) 766-4483

This section is to be completed by the child's parent or guardian. The form is to be kept in the child's personal file in the Day Care Center.

Child's name:	Name child is known by:
Child's birthdate:	Child's home address:
Name of parent or guardian:	Address of parent or guardian:
Home telephone number:	Beeper/Cell Phone Numbers:
Mother's Employer:	Father's Employer:
Employer's Telephone Number:	Employer's Telephone Number:
Instructions regarding how parent or guardian may be reached in an emergency.	

Persons to be contacted in an emergency if parent or guardian cannot be reached

Name	Relationship to child	Address	Telephone #

Name of child's doctor:	Address:	Telephone Number:
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. (If parent or guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature

Date

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities.

Check the appropriate boxes and sign each permission area. Your signature gives permission to the center for your child to participate in the following events. This form is not valid without signature of child's parent or guardian in each space indicated below.

Activities away from the center:	yes	no	Signature of parent or guardian
Transportation provided by the center:	yes	no	Signature of parent or guardian
Swimming/wading activities provided by the center	yes	no	Signature of parent or guardian

Signature of Father Signature of Mother Date

This section is to be completed by the daycare center office:

Date of admission: _____ Registration Fee: _____

Date of withdrawal: _____