White Oak Early Childcare Center
EMERGENCY CONTACT NUMBERS
Sep 14 – Aug 15

Child's Name:_____
First Middle Last

Date of birth: _____
Address:_____
City:_____ State:_____Zip:_____
Home Phone:_____

Father's Name: _____
Home phone:_____
Work Phone:_____
Cell/ Pager:_____
E mail:_____

Mother's Name:_____
Home Phone:_____
Work Phone:_____
Cell/ Pager:_____
E Mail:_____

Emergency Contacts Other han the parents: (Three local contacts are required minimum.) The child will be released only, to the following persons.

1. Name:_____

Address:_____State:_____Zip:_____Phone:_____

2. Name:_____

Address:_____State:_____Zip:_____Phone:_____

3. Name:_____

Address:_____State:_____Zip:_____Phone:_____

Persons not allowed to pick up the child:

Name:_____ Description:_____

Name:_____ Description:_____