

SHOOMAAN

Licensed Home Day Care

Emergency contact information

Enrollee

This is emergency contact information for _____
enrolled in Shoomaan Licensed Home Day care on _____ at _____.

Emergency Contact information

Please provide emergency contact information for the safety of your child. Please be sure to notify us in a timely manner should there be any changes of status, contact, availability, and/or other information necessary for the welfare of your child while in the facility's care.

Home Address:

Home Phone:

Date of Birth:

Mother's Name:

Father's Name:

Guardian's Name:

Emergency Contact Name & No.:

Mother's Work No.:

Father's Work No.:

Physician's Name, Address, No.:

Medical Card/Ins No.:

Medications Taken:

Allergies:

Medical Conditions:

Other/Past History Information:

Shoomaan Licensed Home Day Care will not be held responsible for any information which has been provided incorrectly or may have changed. As per the Enrollment Agreement, neither the daycare nor the care providers shall be held responsible for accidents or injuries. All medical expenses, including emergency treatment and subsequent medical care, shall be the responsibility of the parent(s)/guardian(s). I hereby verify that the information provided above is correct.

Parent(s)/Gaurdian(s) Signature: _____ Date: _____

Shoomaan Licensed Home Day Care Signature: _____ Date: _____