

Little Adventures Child Care Center
Emergency Contact Information:

Name: _____ Relationship to Child _____

Address: _____
Street, City, State, Zip

Telephone Number: _____
Home, Work, Cell

Name: _____ Relationship to Child _____

Address: _____
Street, City, State, Zip

Telephone Number: _____
Home, Work, Cell

Name: _____ Relationship to Child _____

Address: _____
Street, City, State, Zip

Telephone Number: _____
Home, Work, Cell

I authorize the persons listed above to pick up or drop off my child. These people may be called in an emergency situation when a parent/legal guardian cannot immediately be contacted.

Parent/Legal Guardian Signature: _____ Date: _____