

**EMERGENCY CONTACT/PARENTAL CONSENT FORM**

**ALL lines with asterisks (\*) are REQUIRED.**

**CHILD INFORMATION**

CHILD'S NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ CHILD'S AGE \_\_\_\_\_ DATE OF STARTING ENROLLMENT \_\_\_\_\_ CLASSROOM \_\_\_\_\_

**PARENT INFORMATION (Circle the parent/guardian(s) that child lives with)**

**\*PARENT/GUARDIAN (Primary Payer)**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL CARRIER FOR TEXT ALERTS \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PARENT/GUARDIAN (Secondary Payer)**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL CARRIER FOR TEXT ALERTS \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please pick a **4-digit code** for our front door security system to enter the building. It is recommended that you have a different code for each person who will be generally picking up or dropping off your child.

DOOR CODE (4 digit) \_\_\_\_\_

DOOR CODE (4 digit) \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD/EMERGENCY CONTACTS (Please number in order to be contacted)**

I, \_\_\_\_\_ authorize New Holland Early Learning Center to release my child(ren) to the person(s) designated. This is in compliance with the New Holland Early Learning Center Emergency Operations Plan.

| *NAME   | RELATIONSHIP | PHONE    | Authorized Pick up / Emergency Contact |          |
|---------|--------------|----------|--|----------|
|         |              |          | YES / NO                               | YES / NO |
| _____   | _____        | _____    |  |          |
| ADDRESS |              | PHONE #2 | DOOR CODE (4 DIGIT)                    | CONTACT# |
| _____   |              | _____    | _____                                  | _____    |
| _____   |              | _____    | _____                                  | _____    |

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_ Authorized Pick up / Emergency Contact  
 YES / NO YES / NO

ADDRESS \_\_\_\_\_ PHONE #2 \_\_\_\_\_ DOOR CODE (4 DIGIT) \_\_\_\_\_ CONTACT# \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_ Authorized Pick up / Emergency Contact  
 YES / NO YES / NO

ADDRESS \_\_\_\_\_ PHONE #2 \_\_\_\_\_ DOOR CODE (4 DIGIT) \_\_\_\_\_ CONTACT# \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### MEDICAL INFORMATION

\*Policy Number \_\_\_\_\_ \*Health Insurance Provider \_\_\_\_\_

\*Child's Physician/Medical Provider \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Address \_\_\_\_\_

### Authorized consent for first aid, emergency care and emergency transportation if parent not present

\*(sign here) \_\_\_\_\_ \*Date \_\_\_\_\_

\*SPECIAL CONDITIONS (Special needs, special diet, allergies, other) please attach all supporting paperwork

\_\_\_\_\_  
 Medical info to be displayed on photo card (Please sign if yes) \_\_\_\_\_

### AUTHORIZED CONSENT FOR CENTER ACTIVITIES, and PHOTOS

\*Please initial each individual line:

Walks/Trips \_\_\_\_\_ Swimming/Wading \_\_\_\_\_ \*Transportation by center \_\_\_\_\_

#### Photos may be:

Displayed in NHELCC \_\_\_\_\_ Included in NHELCC events \_\_\_\_\_

Posted on NHELCC website \_\_\_\_\_ Posted on NHELCC social media \_\_\_\_\_

Used in community outreach \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF PARENT/ GUARDIAN DATE

\_\_\_\_\_  
 SIGNATURE OF CHILD CARE PROVIDER DATE