

McCormick Montessori Child Care Center
Contact Information Form

Child's Name

Birthday

Address

(Street)

(City)

(State)

(Zip)

Parent's Name

Home Address

(Street)

(City)

(State)

(Zip)

Work Address

(Street)

(City)

(State)

(Zip)

Email (s)

Parent's Phone Numbers:

Which number should we call first, second? Please rank your contact numbers according to your preferences.

Circle One

1. () _____ - _____ (home, work, cell)

2. () _____ - _____ (home, work, cell)

Co-Parent's Name

Home Address

(Street)

(City)

(State)

(Zip)

Work Address

(Street)

(City)

(State)

(Zip)

Email (s)

Co-Parent's Phone Numbers:

Which number should we call first, second, third? Please rank your contact numbers according to your preferences.

Circle One

1. () _____ - _____ (home, work, cell)

2. () _____ - _____ (home, work, cell)

3. () _____ - _____ (home, work, cell)

The following individuals are authorized to pick my child up from the McCormick Child Care Center.

1. _____
Name Relationship to Child
2. _____
Name Relationship to Child
3. _____
Name Relationship to Child
4. _____
Name Relationship to Child
5. _____
Name Relationship to Child
6. _____
Name Relationship to Child
7. _____
Name Relationship to Child
8. _____
Name Relationship to Child

Note: In order to insure your child's safety, only persons listed above will be allowed to pick up your child. Exceptions will not be made unless the school is notified in writing.

Does your child have any allergies? _____

Other new and/or important information:

Signature of Parent

Date