

**EMERGENCY INFORMATION**  
**Sunbeam Child Care Center LLC**

**CHILD'S INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Primary Address: \_\_\_\_\_

SSN: \_\_\_\_\_

**MOTHER/GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

**FATHER/GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

**Additional Person(s) that can assume responsibility if the center cannot locate parent(s):**

**Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

**Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ ID No.: \_\_\_\_\_

Provide legal verification if one (1) parent is the sole legal guardian of the child?

Check one                      Yes                      No                      **(If yes, must have copy of court order)**

Special dietary or medical needs? Check one                      Yes                      No

If yes, describe \_\_\_\_\_

**School - Age Child:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission Waivers:**

**Emergency Treatment:** Check one                      Yes                      No

Sunbeam Child Care Center LLC is authorized to obtain emergency transportation to and/or emergency medical, dental, or surgical care for the above listed child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

**Photographic Images, Video & Audio:** Check one                      Yes                      No

Sunbeam Child Care Center LLC is authorized to use photographs and video/audio recordings of my child in school activities for news stories or for other purposes. I understand that these pictures may be used in training staff, informing interested persons about the services in the center, and for publishing information concerning the center. I understand the center has a video surveillance system being used at all times.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature