STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

**IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD’S NAME LAST | MIDDLE |  |  |  | FIRST |  | SEX | TELEPHONE( ) |
| ADDRESS NUMBER STREET |  |  | CITY |  |  | STATE | ZIP | BIRTHDATE |
| FATHER’S/GUARDIAN’S/FATHER’S DOMESTIC PARTNER’S NAME LAST |  | MIDDLE |  |  |  | FIRST |  | BUSINESS TELEPHONE( ) |
| HOME ADDRESS NUMBER STREET |  |  | CITY |  |  | STATE | ZIP | HOME TELEPHONE( ) |
| MOTHER’S/GUARDIAN’S/MOTHER’S DOMESTIC PARTNER’S NAME LAST | MIDDLE |  |  |  |  | FIRST |  | BUSINESS TELEPHONE( ) |
| HOME ADDRESS NUMBER STREET |  |  | CITY |  |  | STATE | ZIP | HOME TELEPHONE( ) |
| PERSON RESPONSIBLE FOR CHILD LAST NAME | MIDDLE |  |  | FIRST |  | HOME TELEPHONE( ) | BUSINESS TELEPHONE( ) |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PHYSICIAN | ADDRESS | MEDICAL | PLAN | AND | NUMBER | TELEPHONE( ) |
| DENTIST | ADDRESS | MEDICAL | PLAN | AND | NUMBER | TELEPHONE( ) |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

* CALL EMERGENCY HOSPITAL ■ OTHER EXPLAIN:

\* \* \* Free Preview End \* \* \*

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