

**Emergency & Identification Information
Child Development Programs**

Child's Name _____	Birth Date _____	Room No. _____
Child's Name _____	Birth Date _____	Room No. _____
Child's Name _____	Birth Date _____	Room No. _____

Parent/Guardian Name _____	Home Phone () _____
Home Address _____	Work Phone () _____
City _____ Zip: _____	Cell Phone () _____
Employer/School _____	Email _____

Parent/Guardian Name _____	Home Phone () _____
Home Address _____	Work Phone () _____
City _____ Zip: _____	Cell Phone () _____
Employer/School _____	Email _____

List persons who may be called in an emergency and/or are authorized to pick up the child(ren) from the center.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Kidango may be required to release a child to the parent listed on the child's birth certificate, unless a legal custodial agreement stating otherwise is on file with Kidango.

"Kidango does not sell, share, rent or disclose personal information about you to third parties without your consent or as required by law."

Do you currently have? **Healthy Families** **Healthy Kids** **Medi-Cal** **Private Insurance** **None** (circle one)

Do you currently receive or have you ever received? **CalWorks** or **WIC** (circle if applicable)

Does your enrolled child(ren) have an **Individual Family Services Plan (IFSP)**? YES or NO (circle one)

 If yes, name of child _____

Does your enrolled child(ren) have an **Individualized Education Plan (IEP)**? YES or NO (circle one)

 If yes, name of child _____

Child's Physician _____	Phone () _____
Child's Dentist _____	Phone () _____
Insurance Carrier _____	Insurance Number _____

Allergies and reactions or other medical limitations _____

In case of an accident or emergency, I authorize an ambulance to transport my child to the nearest emergency hospital or clinic at my expense.

Signature _____	Date _____
Parent/Guardian	
Witness _____	Date _____
Title _____	