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| 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 CARE HOMES *To Be Completed by Parent or Authorized Representative: PLEASE WRITE LEGIBLY IN BLUE OR BLACK INK.*

**FY 2019-2020**

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| --- | --- | --- | --- | --- |
| CHILD’S NAME LAST MIDDLE FIRST | | | SEX | BIRTHDATE (MM-DD-YYYY) |
| ADDRESS NUMBER STREET CITY STATE ZIP | | | | |
| PARENT/LEGAL GUARDIAN #1 NAME LAST FIRST | | | | PHONE 1 (CIRCLE 1)  CELL HOME WORK  **( )**  - |
| ADDRESS **(IF DIFFERENT FROM CHILD’S)** NUMBER STREET CITY STATE ZIP | | | | PHONE 2 (CIRCLE 1)  CELL HOME WORK  **( )**  - |
| PARENT/LEGAL GUARDIAN #2 NAME LAST FIRST | | | | PHONE 1 (CIRCLE 1)  CELL HOME WORK  **( )**  - |
| ADDRESS **(IF DIFFERENT FROM CHILD’S)** NUMBER STREET CITY STATE ZIP | | | | PHONE 2 (CIRCLE 1)  CELL HOME WORK  **( )**  - |
| CHILD RESIDES WITH (CHECK 1)  🞎 BOTH PARENTS/LEGAL GUARDIANS 🞎 PARENT/LEGAL GUARDIAN #1 🞎 PARENT/LEGAL GUARDIAN #2 🞎 OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| PERSONS AUTHORIZED TO DROP OFF AND TAKE CHILD FROM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE)  **(AUTHORIZED PERSON’S NAME MUST BE WRITTEN EXACTLY AS IT APPEARS ON THEIR PICTURE ID)** | | | | |
| **NAME** | **PHONE NUMBER** | **RELATIONSHIP TO CHILD** | | **AUTHORIZATION (CHECK 1)** |
| **Besides yourselves (parents), indicate**  **by #1 below the FIRST PERSON you want us**  **to contact in an emergency** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **#1** | (CIRCLE 1) CELL HOME WORK  **( )**  - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
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|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | (CIRCLE 1) CELL HOME WORK  **( )** - |  | | 🞎 DROP OFF AND PICK UP ONLY  🞎 EMERGENCY ONLY  🞎 BOTH |
|  | | | | |
| **PHYSICIAN AND DENTIST INFORMATION** | | | | |
| PHYSICIAN NAME | | | | PHONE NUMBER  **( )**  - |
| DENTIST NAME | | | | PHONE NUMBER  **( )**  - |
| **SIGNATURE OF PARENT / LEGAL GUARDIAN / AUTHORIZED REPRESENTATIVE**  **x** | | | | **DATE**  (MM-DD-YYYY) |
|  | | | | |
| **TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE** | | | | |
| DATE OF ADMISSION | | DATE LEFT | | |