



Teddy Bear College, Inc.

Emergency Contact Information

CHILD'S NAME		BIRTHDATE	
CHILD'S ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME PHONE #	CELL PHONE #
MOTHER'S ADDRESS			
		<input type="checkbox"/> Check here if parent is not authorized for child to be released to.	
BUSINESS NAME		BUSINESS PHONE #	
BUSINESS ADDRESS			
FATHER'S NAME/LEGAL GURDIAN		HOME PHONE #	CELL PHONE #
FATHER'S ADDRESS			
		<input type="checkbox"/> Check here if parent is not authorized for child to be released to.	
BUSINESS NAME		BUSINESS PHONE #	
BUSINESS ADDRESS			
1ST PERSON WE SHOULD CALL IN AN EMERGENCY		PHONE #	ADDRESS
PERSON(S) WHOM CHILD MAY BE RELEASED (after parents)		PHONE #	ADDRESS
1.			
2.			
3.			
NAME OF CHILD'S PHYSICIAN		PHONE #	ADDRESS
SPECIAL DISABILITIES (IF ANY):		ALLERGIES OR REACTIONS:	
ADDITION INFORMATION:			
OBTAINING EMER. MEDICAL CARE: X _____		SPRINKLERS & WATER PLAY: X _____	
ADMIN. OF MINOR FIRST AID: X _____		TRANSPORTATION BY FACILITY: X _____	
WALKS, TRIPS & PLAYGROUNDS: X _____		LIQUID HAND SANITIZER: X _____	
UPDATES COPY OF LICENSE/CAR INSURANCE X _____		COPY OF CUSTODY AGREEMENT (if applies) X _____	

*By signing below I confirm all information in correct and will adhere to guidelines and policies of the center.

X _____ X _____
 Mother's signature Father's signature

PERIODIC REVIEW (Sign 6 Months <i>After</i> Registration)	
_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE