

Day Care/School Plus

Christ United Methodist Church Child Care Center
44 Highland Road ~ Bethel Park, PA 15102 412-854-4310

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name: First name child is usually called:		Birthdate: Sex:	
Address:		City:	Zip Code:
Mother's Name/Legal Guardian:		Home Phone: Email	Cell Phone:
Address:		City:	Zip Code:
Business Name:		Bus. Phone: ()	
Address:		City:	Zip Code:
Father's Name/Legal Guardian:		Home Phone: Email	Cell Phone:
Address:		City:	Zip Code:
Business Name:		Bus. Phone: ()	
Address:		City:	Zip Code:

Emergency Contact Person(s) while child is in care (in addition to parents)			Pick Up	
Name	Address	Phone Number	Yes	No
		()		
		()		
		()		
		()		
		()		
		()		
		()		

Name of Child's Physician/Medical Care Provider:		Phone Number: ()	
Address:		City:	Zip Code:
Health insurance coverage for child or medical assistance benefits.		Policy Number (required)	

OVER PLEASE =====

