School	Year		
JUIUUUU	I UUI		

## Santa Rosa City Schools Child Care Program

## **EMERGENCY INFORMATION**

TO BE, COMPLETED BY PARENT OR GUARDIAN: (Please Print)

	First		Middle Initial	_ Male _	Female	
	City	Stata		Zin Co.	da	
	•		Grade:(C	•		
	Relationship		Address	G (if differe	ent than, child)	
Business Phone		Other Phone		Email	(REQUIRED)	
	Relationship		Address	s (if differe	ent than, child)	
Business Phone		Other Phone		Email		
NS WHO MAY BE	CALLED IN A	N EMERGENCY				
NAME		TELEPHONE		RELATIONSHIP		
_						
				out.		
	Business Phone  Business Phone  NS WHO MAY BE	City Birth-date: Relationship  Business Phone  Relationship  TELE  TOUR AND MAY BE CALLED IN A.  TELE  Troblems your child may have that the street of	City State Birth-date:/  Relationship  Business Phone Other Phone  Relationship  Business Phone Other Phone  **S WHO MAY BE CALLED IN AN EMERGENCY**  **TELEPHONE**  TELEPHONE**  Toblems your child may have that the Child-Care staff	City State Birth-date:/ Grade:(C  Relationship Address  Business Phone Other Phone  Relationship Address  Business Phone Other Phone  NS WHO MAY BE CALLED IN AN EMERGENCY  TELEPHONE RELAT	City State Zip Code Birth-date:/ Grade: (Current seeds to know about.	

Please complete other side

## SANTA ROSA CITY SCHOOLS CHILD CARE PROGRAM

## CHILD RELEASE AUTHORIZATION

MUST BE, COMPLETED BY PARENT OR GUARDIAN:

NAMES OF PERSON AUTHORIZED TO TAKE CHILD FROM THE FACILITY IF different from person to call in an emergency.

Child will not be, allowed to leave with any other person without written authorization from parent or guardian. Picture ID will be, requested. Please advise all persons picking up your child to carry ID. Parents may also, be requested to provide picture ID in the event of a substitute on duty. No parent will be denied access to, their child without a current restraining order on file. Thank you for your cooperation.

NAME		RELATIONSHIP		PHONE NUMBER
	_		-	
	_		-	
	_		-	
	_		-	
	_		-	
	_		_	
	_		-	
Time child will be, picked up:	_			
Parent/Guardian Signature	_	Relationship	_	Date

\*\*\*Please notify us in writing any change of address, email or phone numbers immediately.

Change forms available on site or @ www.srcschools.org

PLEASE COMPLETE OTHER SIDE