

HELPING HANDS CHILD'S CARE RECORD

PARENT'S NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____

DAD CELL _____ MOM CELL _____

NAME OF STUDENT(S) & DATE OF BIRTH

1. _____

2. _____

3. _____

MEDICAL INFO.

1. _____

2. _____

3. _____

PICK-UP/EMERGENCY INFORMATION:

NAME _____ RELATION _____

HOME _____ WORK _____ CELL _____

NAME _____ RELATION _____

HOME _____ WORK _____ CELL _____

NAME _____ RELATION _____

HOME _____ WORK _____ CELL _____

NAME _____ RELATION _____