

**Parents' Day Out
The Presbyterian Church of Washington
Contact Information**

CHILD'S NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
ADMISSION DATE	
DISCHARGE DATE	

IDENTIFYING INFORMATION	
A) MOTHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()
B) FATHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY	
NAME	NAME

AGREEMENTS
<p>A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.</p> <p>B. When my child is ill, I understand and agree that my child may not be accepted for care.</p>
PARENT/LEGAL GUARDIAN SIGNATURE