

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)	

PERSONS AUTHORIZED TO TAKE CHILD FROM THE CHURCH	NAME
NAME	
NAME	

<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	