

# Child Care Emergency Contact

## Emergency Contact Form

Child's Information		
Child's Full Name		Name Child Prefers to be Called
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age

## Primary Guardian's Information

Primary Guardian's Name		
Home Address		
Cell Phone	Home Phone	Email Address
Name of Employer		Work Phone
Relationship to Child		Best Way to Reach You

## Secondary Guardian's Information

Secondary Guardian's Name		
Home Address		
Cell Phone	Home Phone	Email Address
Name of Employer		Work Phone
Relationship to Child		Best Way to Reach You