🗇 🗇 🗇 🗇 🗇 🗇 🗇 🗇 HAPPY DAYS CHILD CARE CENTER

STUDENT INFORM	ATION							
Last name				Birthdate				
First name			Enrollment date					
Middle name								
Persons Permitted To Remove Child	Mother	Father	Guardia	an Legal Cust	ody	Mother	Father	Guardian
PARENTS OR GUAR	RDIAN INFOR	RMATION						
Last name				Last name	2			
First name				First name	2			
Relationship				Relationsh	nip			
Address				Address				
City				City				
State & Zip				State & Zi	р			
Home phone				Home pho	one			
Cell phone				Cell phone	2			
Work phone				Work pho	ne			
Employer				Employer				
PIN # (5 digit)				PIN # (5 di	igit)			
OTHER EMERGENC	Y CONTACTS	S ALSO AU	THORIZEI	D TO REMOVE CHIL	D FROM FA	ACILITY		
Name				Name				
Relationship			Relationship					
Home phone				Home pho	one			
Work phone				Work pho	ne			
Cell phone				Cell phone	2			
PIN # (5 digit)				PIN # (5 di	igit)			
Name				Name				
Relationship			Relationship					
Home phone			Home phone					
Work phone			Work phone					
Cell phone			Cell phone					
PIN # (5 digit)				PIN # (5 di	igit)			
MEDICAL INFORM	ATION							
Doctor				Allergies				
Phone #				Medical proble	ems			
Signature					Da	ate		
Driver's License Nu	mber							