



Today's Date

CHILD INFORMATION

Child First Name:	Child Middle:	Child Last:
Address:		City / State: Zip:
Child Birthdate:	Who has custodial rights of child?: Parent-A Parent-B Other (explain)	
Will Child Need Extended Care?: Yes No		Approx. time child will be picked-up on a regular basis?

PARENT / GUARDIAN INFORMATION

Parent A First Name:	Parent A Last:	Relationship to Child:
Address:		City / State: Zip:
Cell Phone:	Work Phone:	Email Address:
Parent B First Name:	Parent B Last:	Relationship to Child:
Address:		City / State: Zip:
Cell Phone:	Work Phone:	Email Address:
Check if applicable: Active Military- Parent A or Parent B Coronado Unified Employee- Parent A or Parent B		

EMERGENCY CONTACTS

1. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
2. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
3. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
4. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No

CHILD MEDICAL INFORMATION

Physician Name:	Address:	Medical Plan & ID #:	Phone:
Dentist Name:	Address:	Medical Plan & ID #	Phone:
If Physician cannot be reached, what action should be taken?: Call Emergency Hospital Other (explain)			

SIGNATURES (must be signed with a pen)

Parent/Guardian Signature:	Date:	
Facility Representative Signature:	Date	
Subsidy: Yes No	Date of Admission	Date Left: