IDENTIFICATION AND EMERGENCY INFORMATION - CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	*	MIDDLE	FIR	ST	SEX	TELEPI	HONE	
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ADDRESS	NUMBER	STREET		GITT	SIAIL	datt	BILLIAN	, n. c	
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TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARE	NT/GUARDIAN OR AUT	HORIZED REPRESENTATIVE					DATE		
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Hamilton and the second	TO BE COM	PLETED BY FACIL	ITY DIRECTOR/A	DMINISTRATOR/FA	MILY CHILD	CARE HOME	S LICE	VSEE	
DATE OF ADMISSION				DATE LEFT					
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