

Little Lambs Learning Center

A Weekday Preschool Ministry of Bay Leaf Baptist Church
2021-2022 Registration Form

Emergency Care Information Supplement



EMERGENCY CARE INFORMATION

Please complete a separate form for each child

Full name of Child: _____

Name of Child's Doctor: _____ Office Phone: _____

Doctor's Address: _____

Name of Child's Dentist: _____ Office Phone: _____

Dentist's Address: _____

Hospital Preference: _____

PICK-UP INFORMATION

If you cannot be contacted or cannot pick up your child, please give the names of at least three people to whom your child can be released:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

PASSWORD INFORMATION

If you desire to change any of this information later, you may do so by calling the Little Lambs Learning Center office and giving a password that you choose and would be easy for you to remember. List a hint that we can give you if you forget. Do not share this password with anyone.

List your password: _____

Password hint: _____

I agree that the director or alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent: _____ **Date:** _____