



Thank You For Choosing **Loving Arms FCC Learning Home** An Equal-Opportunity Educator

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Contract, Policy & Procedures

Child's Name: _____ Birthday: ___/___/___ Age: _____ Nickname: _____

Child's Name: _____ Birthday: ___/___/___ Age: _____ Nickname: _____

Child's Name: _____ Birthday: ___/___/___ Age: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

◆ Child resides with? Mom/ Dad/ Step parent: _____ Guardian: _____

Contact Info:

Mom's name _____ DOB _____ Dad's name _____ DOB _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

E-mail _____ E-mail _____

Address: _____ Address: _____

(Mother Birthday): _____ License # _____ (Father Birthday): _____ License # _____

(Mother) Cell Phone: _____ (Father) Cell Phone: _____

(Mother's) Work Phone: _____ (Father's) Work Phone: _____

Work Address: _____ Work Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

◆ WHO CAN PICK UP CHILD DURING EMERGENCY OR GENERAL CONTACT? (3 NAMES REQUIRED BY THE STATE)

PICK-UP EMERGENCY CONTACT BOTH Date of Birth: _____ License # _____ License State _____
Name: _____ Contact's phone: _____ Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____

PICK-UP EMERGENCY CONTACT BOTH Date of Birth: _____ License # _____ License State _____
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Address: _____ City: _____ State: _____ Zip: _____

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