CHRISTIAN COUNTY PUBLIC SCHOOL'S
DISTRICT-WIDE CHILDCARE SERVICES
SECURITY INFORMATION

Child's Name_____School _____

Enrollment Date _____ Social Security # _____

Home School _____ Grade _____

Date of Birth _____ Age _____ Gender   M   F

Address _____

Home Phone _____

This student lives with: _____Both Parents   _____Mother Only   _____Father Only

_____Mother & Step-Father   _____Father & Step-Mother

_____Other (please explain) _____

**Do not list a non-custodial parent if the courts have denied visitation.
We must have documentation to deny student release to parent.**

Guardian #1 _____ Relation _____

Address _____ Military: ___Yes___No

Phone: Home #_____Work #_____Cell # _____

Last 4 Digits of SSN# _____   DL# _____

Guardian #2 _____ Relation _____

Address _____ Military: ___Yes___No

Phone: Home #_____Work #_____Cell # _____

Last 4 Digits of SSN# _____   DL# _____

I give permission for the childcare center to release my child to the person(s) who are over 18 years of age listed below. I understand that this is for the security and protection of my child, both in case of emergency and non-emergency. I will inform all people I list that a driver's license ID must be provided before my child will be released to their custody.

Name _____ Relation _____

Phone: Home #_____Work #_____Cell # _____

Last 4 Digits of SSN# _____   DL# _____

Name _____ Relation _____

Phone: Home #_____Work #_____Cell # _____

Last 4 Digits of SSN# _____   DL# _____

Name _____ Relation _____

Phone: Home #_____Work #_____Cell # _____

Last 4 Digits of SSN# _____   DL# _____

MEDICAL INFORMATION

In case of accident or serious illness, I request the childcare center to contact me. If the childcare center is unable to reach me, I hereby authorize the childcare center to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the childcare center may make whatever arrangements as necessary.

Please Check the Appropriate Boxes

[   ]   Emergency treatment may be given if I am unable to be reached.

[   ]   Allergies? Describe _____

_____

[   ]   Other health problems? _____

_____

_____

[   ]   My child uses an inhaler _____
[   ]   My child can administer his/her own inhaler.

Physician's Name _____

Address _____ . Phone _____

Dentist's Name _____

Address _____ Phone _____

Hospital _____

Address _____ Phone _____

All information given on the front and back of this form is correct and current. I will inform the childcare center of any changes that occur.

_____   _____
Parent/ Guardian Signature   Date

For affordable coverage options Student Insurance Plans are available through Commercial Travelers Mutual Insurance Company. A brochure will be provided by the school at the beginning of the year.

FOR CHILDCARE CENTER USE ONLY

By court order, this child is **NOT** to be released to:

_____

There is a copy of the court order in the permanent record folder

Site Director Initials _____