

Email address _____



Our Father's Child Care
 6025 S. 27th St., Greenfield, WI 53221
 Telephone: (414) 282-9057

EMERGENCY CONTACT INFORMATION AND PARENTAL CONSENT FORM

To Be Completed by Parent or Legal Guardian

Child's Name: Last First Birthdate: ()

Mother's/Guardian's Name: Last First Home Telephone: ()

Home Address: Street City State Zip ()

Mother's Employer Work Telephone:

Mother's/Guardian Work Address: Street City State Zip ()

Father's/Guardian's Name: Last First Home Telephone: ()

Home Address: Street City State Zip ()

Father's Employer Work Telephone:

Father's/Guardian Work Address: Street City State Zip

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

Who does the child primarily live with? _____