ALIVE! Child Development Center
2723 King Street, Alexandria, Virginia 22302
Tel 703-548-9255 Fax 703-548-0082

Child Emergency Information

Revised 3/20/19

Enrollment Date _____ Classroom _____

Child's Name _____ Birthdate _____

Parent #1 Information

Parent #1/Guardian Name _____

Current Address _____

Apt # _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Place of Employment _____
(Employer Name) **(Employer Address)**

Work Schedule (from) _____ to _____

Work Phone Number (or Employer who can reach you) _____

Parent #2 Information - ***Please check if not applicable (N/A)*** ☐

Parent #2/Guardian Name _____

Current Address _____

Apt # _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Place of Employment _____
(Employer Name) **(Employer Address)**

Work Schedule (from) _____ to _____

Work Phone Number (or Employer who can reach you) _____

Authorized/Emergency Pick-up List* – (Persons other than Parent #1 or Parent #2*)

☐ **Government Issued ID on file** – *Office Personnel Only*

1. Name _____ Relationship _____

   Address _____

   Apt # _____ City _____ Zip _____

   Home Phone _____ Cell Phone _____

☐ **Government Issued ID on file** – *Office Personnel Only*

2. Name _____ Relationship _____

   Address _____

   Apt # _____ City _____ Zip _____

   Home Phone _____ Cell Phone _____

☐ **Government Issued ID on file** – *Office Personnel Only*

3. Name _____ Relationship _____

   Address _____

   Apt # _____ City _____ Zip _____

   Home Phone _____ Cell Phone _____

Emergency Details

Drug Allergies _____

Food Allergies _____

I hereby give permission for ALIVE! CDC to post information in the Center regarding my child's allergies: _____

(***For the Health and Safety of ALIVE! CDC Students***)

Name of Child's Medical Provider _____

Medical Provider's Address _____

Medical Provider's Telephone Number _____

Child's Health Insurance Provider _____

Child's Health Insurance Identification Number _____

Parent Signature _____**Date** _____